THE CANADIAN HOSPITAL

OFFICIAL JOURNAL
CANADIAN HOSPITAL COUNCIL

OCTOBER, 1944

Shutdown Insurance

A LOOSE nut or bolt can put any one of your laundry machines out of operation—cause damage to parts that are difficult to replace. A turn of a wrench, to tighten machine and motor bases, bearing and motor brackets, chain drives and V belts, valve gaskets and cylinder door latches, will prevent needless wear on parts and keep your machines operating efficiently

Today, especially, a wrench is a vital conservation tool in your laundry. Make sure that needed wrenches are always available . . . and are **USED . . . Regularly . . . Religiously.** There must be no breakdowns now!

BUY MORE VICTORY BONDS

The CANADIAN LAUNDRY MACHINERY COMPANY, LIMITED
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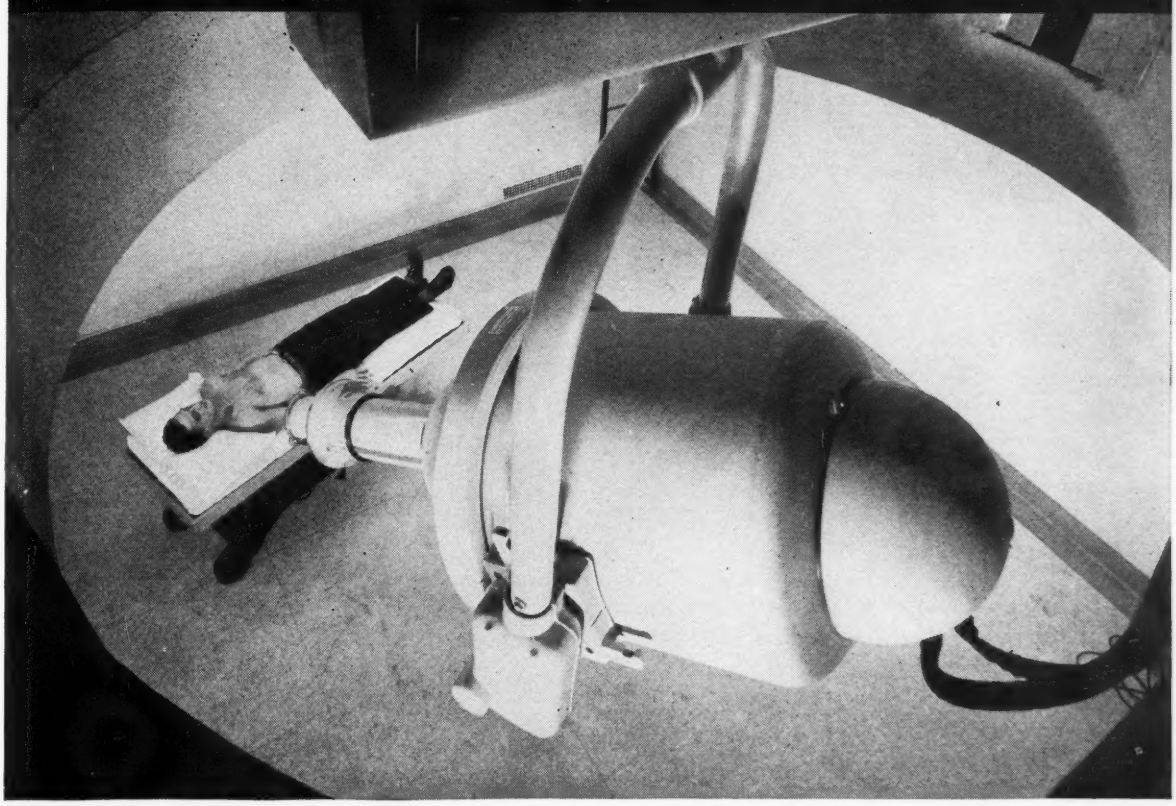
ANOTHER WAR-BORN DEVELOPMENT



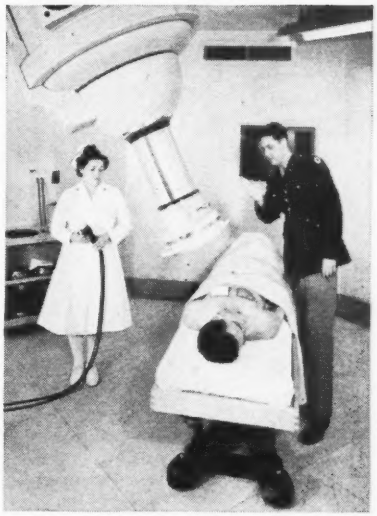
Here's an interesting view of the G-E Million-Volt X-Ray Therapy Unit installed a few months ago at the Army Medical Center, Walter Reed General Hospital, Washington, D. C.

You no doubt have read about G-E million-volt therapy units before (this being the fourth installation in the United States,) but in this photograph you will readily see how further development has increased utility and flexibility of application to a degree comparable with that of considerably lower-powered therapy equipment.

This epochal development, through which medical science is also deriving immediate benefits, was originally engineered for war industries to facilitate million-volt x-ray inspection of fighting equipment in routine production, to thus insure its maximum effectiveness and safety in use. The unit differs from its predecessors essentially in the new sealed-off x-ray tube which, because it eliminates the need of an evacuating system, has made possible the remarkable flexibility of application here obtained. Just think of being able to accurately adjust this million-volt tube head to any desired height and angle by the simple operation of a push-button hand switch.

The new attainments of G-E engineering in meeting various emergency war needs will, you may be sure, be applied to full advantage in G-E equipment to come.

Let us help you draw up plans for the modernization of your present x-ray facilities.



VICTOR X-RAY CORPORATION of CANADA, Ltd.

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Today's Best Buy — War Savings Certificates

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Vol. 21 **OCTOBER, 1944** No. 10

The Canadian Hospital is the Official Journal of The Canadian Hospital Council

CCAB

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Undisputed right of way

A screaming siren . . . a clearing right of way . . . a speeding ambulance . . . a race against time . . . quickly . . . safely . . . dramatically . . .

IN THE delivery room, 'Ergotrate' (Ergonovine Maleate, U.S.P., Lilly) is given undisputed right of way among oxytocic drugs. Its therapeutic efficacy in this field is due to its quick, safe, dramatic, and uniform action on the uterine musculature, producing an immediate and sustained contraction.

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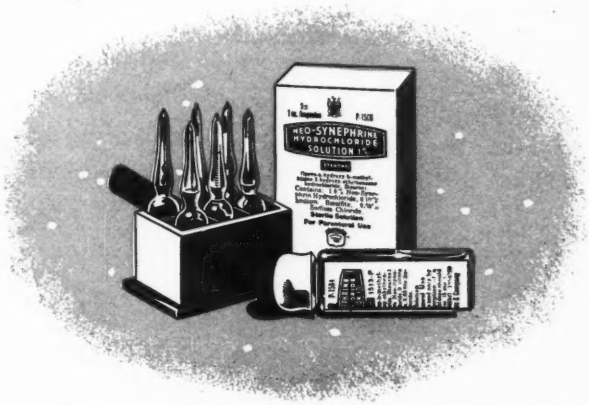
Hypotension is instantly arrested and adequate blood pressure is restored and maintained for a prolonged period . . . without appreciable cardiac excitation.

Neo-Synephrine Hydrochloride

(laevo-alpha-hydroxy-beta-methylamino-3-hydroxy-ethylbenzene-hydrochloride)



Supplied in 1 cc. ampuls and in rubber-capped vials containing 5 cc. of sterile 1% solution. Average subcutaneous dose: 0.5 cc.

Neo-Synephrine—Trade Mark Registered.

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ANTISEPSIS

Prevention or Cure

'*Streptococcus pyogenes* and *B.coli*, even in 'the presence of pus, are killed within two 'minutes by a two per cent. solution . . . 'moreover, when Dettol is dried on the skin 'it confers protection for several hours against 'contamination by hæmolytic streptococci.'

J. Obstet. Gynæc, 1933, **40.** 966.

In the advance of medicine war has always been the great catalyst. Today we see a quickening of the tempo of research into the chemotherapy of infections — the synthesis of ever more effective compounds for enhancing the body's resistance to bacterial invasion.

But in the operating theatre, in the labour ward, in the first-aid post, wherever the battle against infection is fought, there can be no relaxation in the ritual of antisepsis — no compromise in the principle that the greatest triumph over infection lies in its prevention.

At this time more than ever the chosen weapon in the first defensive line is Dettol—the general purposes antiseptic that has virtually superseded all others in hospitals throughout the Empire. In Britain's great lying-in hospital, Queen Charlotte's, the introduction of this product was followed by an over 50% decline in hæmolytic streptococcal infection—long before effective chemotherapeutic means for combating the fully developed infections became available. Experiments have shown that Dettol not only destroys pathogenic bacteria but renders the skin immune to reinfection for a period measured in hours. Moreover, it retains high bactericidal potency in the presence of blood, pus and other organic matter; and, being non-caustic, it is applicable at full strength to raw wounds and surfaces without causing pain or inhibiting the natural processes of repair.

Every extension in the use of Dettol, in the hospital and the home, for the protection of the patient and the doctor, reduces the incidence of infections which call for curative measures. Cure is more spectacular than prevention but prevention is still better than cure.

RECKITT & COLMAN (CANADA) LIMITED, PHARMACEUTICAL DEPARTMENT, MONTREAL

The Quick, accurate answer to

INFORMATION PLEASE!

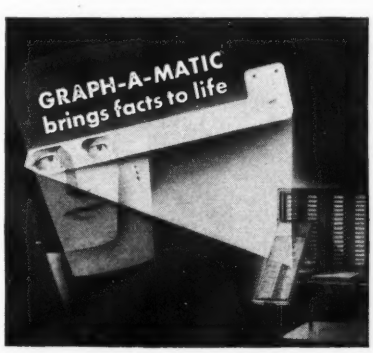
With many of their nurses, administrators and other employees serving on or behind the battlefronts, hospitals are depending more and more on Kardex **Visible** Record Control to save time in the office and the wards—to help increase operating efficiency in every department.

A typical time saver is the Kardex Admission Record that co-relates all essential information when the patient is admitted and provides for the notification of all departments interested.

The Patients' Information Record, filed alphabetically in Kardex Book Units at the Information Desk, enables enquiries to be answered quickly and accurately. Progress is charted by the simple posting of a check mark once or twice a day. The Patients' Floor Record, filed in each ward, provides a ready cross reference to the room number of each patient. The Bed Record, filed in the Admitting Office by room number, provides a complete and accurate record of occupancy, while the Record Room copy serves as a permanent index to case histories.

Other Kardex Visible Record Systems —personnel, ledger, diagnosis, stock, reservations, etc.—lend wartime efficiency to hospital routines, reduce clerical requirements by as much as 50 per cent. With its **visible** margin and **graphic** signal control, Kardex is saving valuable minutes every hour in hospitals everywhere.

Without obligation, you can get full information about Kardex, how it steps up efficiency, saves time and labor. Just write and let us know the type of record in which you are interested.



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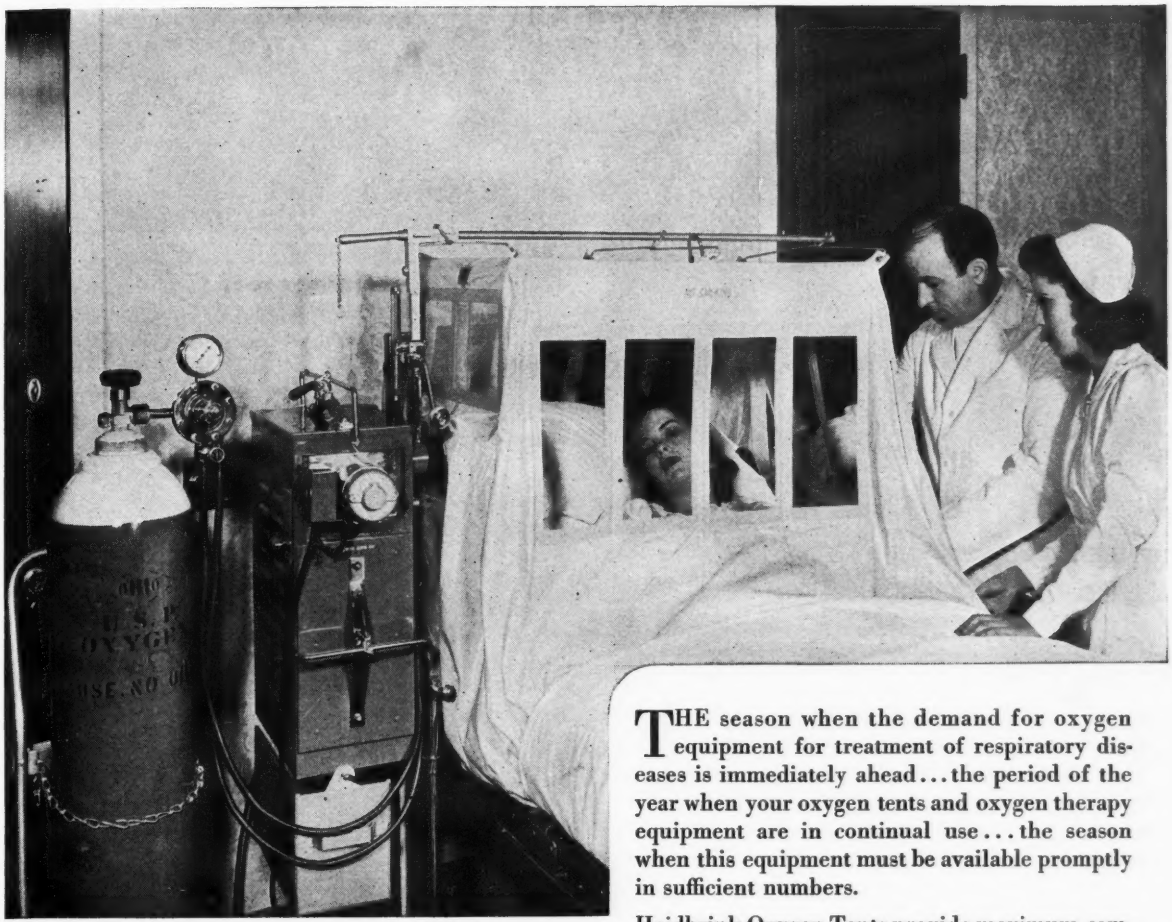

THE season when the demand for oxygen equipment for treatment of respiratory diseases is immediately ahead... the period of the year when your oxygen tents and oxygen therapy equipment are in continual use... the season when this equipment must be available promptly in sufficient numbers.

Heidbrink Oxygen Tents provide maximum comfort for the patient and maximum convenience for the nurse or attendant. With Heidbrink you are always assured of an accurate and adequate oxygen supply; of ample circulation and cooling; and of correct limitations of both carbon dioxid and humidity in the oxygen to be breathed. Heidbrink tents are safe, silent and dependable in operation; accurate in detail and present no mechanical or difficult handling problems. They embody many exclusive convenience features that have gained the approval of a large majority of hospitals, physicians and nurses.

Other Heidbrink oxygen therapy equipment includes Oropharyngeal, Catheter, B-L-B Oxygen and B-L-B Helium-Oxygen Equipment, Adult and Infant Resuscitators. Mail the coupon below for descriptive literature on Heidbrink Oxygen Tents and other oxygen therapy apparatus.

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and

OXYGEN THERAPY APPARATUS

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2535 ST. JAMES ST., W. MONTREAL, QUEBEC

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Across the Desk

By C. A. E.

Emergency Met by Small Hospital Staff

AN example of the excellent service rendered by Bracebridge Memorial (a Red Cross Outpost hospital) is to be found in the emergency handled on July 29 when nine patients suffering from injuries sustained in a serious motor accident at Gravenhurst, were admitted. Fourteen patients altogether were taken into the hospital that night. Miss Conway, local superintendent, writing to Miss F. I. McEwen, superintendent of the Field Nursing Staff of the Red Cross says, "We had no notice of the accident until they started coming in the front door. In the midst of admitting the accident patients, an obstetrical case arrived; we put her in the delivery room and went on admitting. Soon another obstetrical case arrived. Both women were delivered before morning. One accident case died shortly after admission. We had all the domestic staff's beds from the third floor and cots and stretchers in use all over the place. I managed to get a couple of nurses who were in town to come and stay the night".

Miss Conway and her staff worked until 4 a.m. that night, reported as usual for duty at eight next morning.

* * * *

Junior Rotameters

For the many low capacity service conditions where a small, compact but nevertheless rugged rotameter is desired, and low cost is also a consideration, the Junior rotameter is offered. Among the many applications for which it has been used are control of oxygen to medical patients and aircraft personnel, measurement of air used in industrial pneumatic control systems, regulation of water discharge and blowdown from portable drinking water stills and purging of chemical service manometer lines.

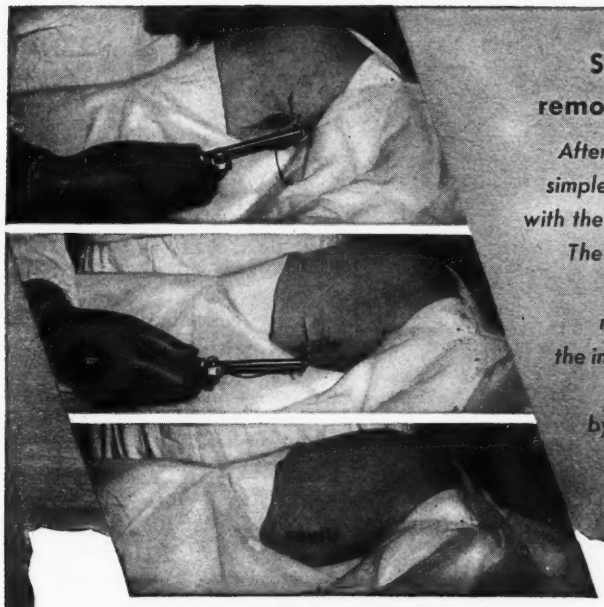
A folder on Junior Rotameters is available from Fischer & Porter Co., Hatboro, Penna.

* * * *

Ainsworth Magna Luminaire Hospital Lighting

Complete serenity with adequate illumination is a prime requirement for modern hospital ward lighting. Contrast in brightness, as between light source and surroundings, is disturbing to patients. The Hospital Magna Luminaire produces a brightness equal to the ceiling brightness. This system of lighting creates a wide, even radiation overhead, diffusing light evenly about the whole area. It is stated that patients are more relaxed and tranquil under this type of lighting. The unit accommodates lamps for any desired level of illumination. A direct beam passes through a small hole in the bottom. Invisible to patients, when this beam shines on the thermometer or charts it makes them clearly visible to an eye adapted to more subdued surrounding light.

Ainsworth Hospital Lighting Equipment is made in Canada by Amalgamated Electric Corporation, Limited, Toronto.



Skin closure following removal of Benign Neoplasm

After excision of the new growth, simple interrupted stitches are placed with the Singer suturing instrument. The spool (under the operator's thumb control) feeds the thread as required; each knot is tied without the instrument leaving the operator's hand; and the strand severed by the knife-like edge of the lance-pointed needle.

...in minor surgery, too— a welcome "THIRD HAND"

Not only in more elaborate surgical procedures, but in the extensive field of every-day surgery—in which, by necessity, preparations and equipment are less elaborate, and well-trained assistants seldom immediately at hand — the Singer Surgical Stitching Instrument proves a real boon to the busy physician.

This complete, all-purpose suturing device frees the operator from "hand-to-hand" dependence on surgical assistants, enhances his deftness and precision, and extends the varieties of stitches available for his discriminating choice.

Suturing proceeds with greater speed—effecting firm reapposition of related structures with less local trauma.

The many leading surgeons who have adopted this modern suturing technique testify to its wide versatility, and its very real helpfulness.

The coupon is for your convenience in requesting descriptive brochure.

SINGER

SURGICAL STITCHING INSTRUMENT

—unites needle, holder, suture supply, and severing edge in one self-contained instrument, sterilizable as a complete unit.

Singer Sewing Machine Company
Surgical Stitching Instrument
Division, Canada Dept. C.H. 9

Without obligation, send copy of illustrated brochure.

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City_____

SINGER SEWING MACHINE COMPANY, *Surgical Stitching Instrument Division,* CANADA
254 Yonge Street, Toronto • 424 Portage Avenue, Winnipeg • 700 St. Catherine Street W., Montreal

Across the Desk

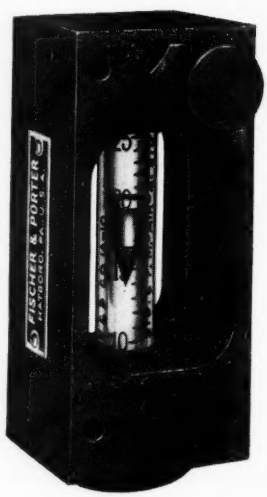
When Kings Only Made Wills

The right to dispose of property, as by will, was at one time confined to kings, who not infrequently also endeavored to dispose of other peoples' property as well. Now there is no capable adult in this nation, or in the other countries allied with us in the war, who has not this privilege today. The democratization of this right has gone far to provide security for the families of industrious and saving men. Yet many do not exercise this privilege; some 45% die without leaving a will, perhaps not aware that they have one anyway—for the State writes one for them to cover just such cases of neglect.

—*Trusts and Estates*

* * * *

Photovolt Instruments



A fine range of Photoelectric and Electronic measuring instruments is manufactured by Photovolt Corporation, New York. These are designed for use in hospital and scientific laboratories and industrial plants. The Lumetron Photoelectric Hemoglobinometer is compact, operated by built-in batteries, and is especially adapted for use in hospitals, laboratories and doctors' offices. The Photovolt line is sold through Canadian Line Materials, Limited, Toronto.

* * * *

Keeps Water Stills Clean

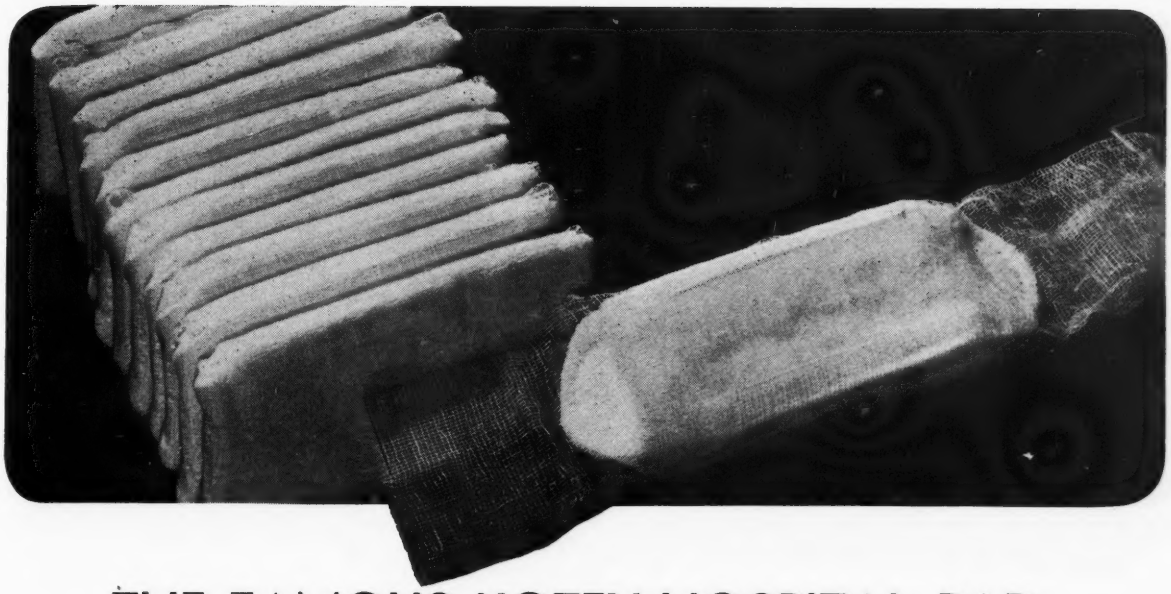
Laboratory water stills can now be protected from scale deposits and corrosion, and a purer distillate obtained by use of a different principle of water treatment. This treatment has been made possible by the development of K. A. T. Water Conditioner, a colloidal solution that has already been widely adopted for treating water in large industrial and hospital stills and for other applications.

K. A. T. is an anti-scale, anti-foaming and anti-corrosion agent; it forms a protective coating on the interior of the still and at the same time sheathes the impurities in the water to form a sludge easily removed by flushing. Fisher, Limited, are Canadian distributors.

* * * *

The Colour Influence

It has been found that office help who complained of being chilly when the interior of working rooms were painted a cool blue were found contented with the previous temperatures when the walls and ceilings were painted a warm yellow. Similarly, greens and blues have been found to make hot offices more bearable during the summer months.



THE FAMOUS KOTEX HOSPITAL PAD

Introduced by Curity 20 years ago

This is the original cellulose napkin introduced by Curity in 1924. The Curity Kotex Pad offers these important qualities:

Excellent Absorbency: draws up moisture rapidly, distributes it within the pad, retains it well in the extra thick centre (see illustration).

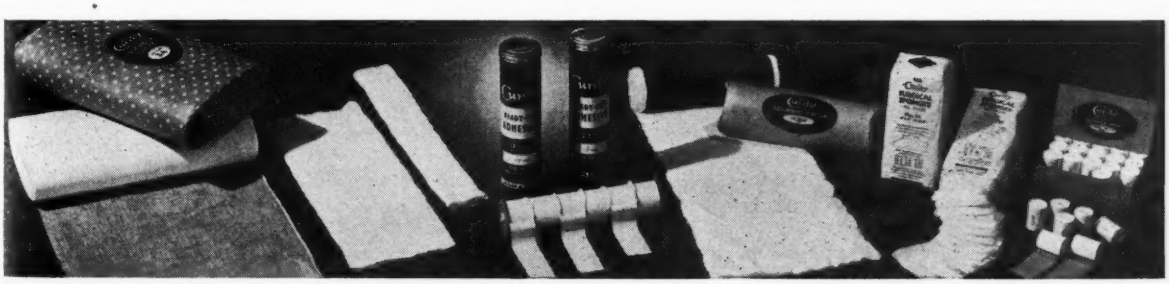
Comfort: lengthwise distribution of moisture reduces tendency of leakage at sides of pad.

Sterilizes Well: made of 100% pure sulphite pulp, there is no significant loss of absorbency after sterilization.

Acceptance: familiar to the patient, and accepted as a quality pad.

Each two available sizes have special advantages. The Maternity size is economical with short gauze tabs for use with T Binder. The Regular is a thicker pad with the same features as the napkin sold at retail. "Wondersoft" cotton along the edges for perfect comfort, patented "Equalizer" in centre for most efficient retention, moulded "Phantom" ends to decrease bulk.

*Trade Mark—Can. Cellucotton Prod. Co. Ltd.



Curity stands for the finest in research and scientific attention to the manufacture of gauze, cotton, adhesive tape and combinations of these products. It is responsible for the unmatched quality of Curity Sutures.

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RESEARCH TO IMPROVE TECHNIC...TO REDUCE COST

Curity
REG. IN CANADA

Across the Desk

Chrysler Corporation Airtemp Division Enters Canadian Field

The news of the entry of Chysler Airtemp into the Canadian field comes at a time when Canadian industry shows a definite trend towards the greater use of refrigeration and air conditioning and heating as an aid to increased production and employee health and comfort.

The war has proved a real forcing house for the activities of Chysler Airtemp. Packaged equipment, built by Airtemp, is now widely used by the U.S. Army, Navy and Air Force for control of temperature and humidity in hospital operating rooms, X-Ray rooms, and in other medical applications.

Now, all these resources of pioneering and development will be introduced into the Canadian field for the service of industry, commerce, and private life in the Dominion. According to D. W. Russell, president of the Airtemp Division of Chysler Corporation at Dayton, Ohio, Therm-O-Rite Products Limited of Toronto and Montreal have been named distributors for Canada for the Airtemp Products of the Chysler Corporation. Therm-O-Rite Products Limited will provide assembly and manufacturing facilities as well as Dominion-wide Regional Engineering service to co-operate with their dealers, and Canadian manufacturing facilities will be utilized where feasible to supply materials and parts that go into various Airtemp units.

* * * *

New Blood Plasma Centrifuge

International Equipment Company, Boston, Mass., have introduced a new model centrifuge designed to provide an intermediate model in their series. The centrifuge is shipped as a complete portable self-contained unit, wired and ready to plug into any lighting circuit.

To insure adequate protection when swinging the large 600 and 650 ml. bottles an extra large shaft has been provided as well as a heavy all welded steel boiler plate guard with bar lock cover. The centrifuge is powered with a specially designed motor and is equipped with an indicating tachometer and 50 step speed control rheostat.

* * * *

Everything Under Control

An army man arriving home on furlough approached his house from the rear, and on reaching the kitchen overheard voices in the parlor which he recognized as those of his wife and one of her former suitors. Enraged, he hauled out his service revolver just as his father-in-law entered the kitchen.

"What's all the excitement?" the father-in-law wanted to know.

"My wife's unfaithful. I'm going to shoot her," threatened the soldier.

"Now, now," counselled the older man, "don't jump to conclusions! These things generally work out. Let me have a talk with her."

He returned in a few minutes evidently well pleased. "Just like I said," he explained, "there's always an explanation. She didn't get your telegram."

Battle behind the lines

CASUALTY? Yes. Fatality? No!—thanks to the help of x-rays.

At the evacuation hospital the wounded soldier is rushed to a mobile x-ray unit. A radiograph reveals the extent of the damage. An operation is performed; a surgical repair made. Infection is controlled.

Today, the fatality rate among the injured on the field of battle is the lowest in all history. And in the battle behind the lines, x-rays are playing a vital part, for they aid in the accurate diagnosis which is so essential in the surgical management of all traumatic injuries.

• • •

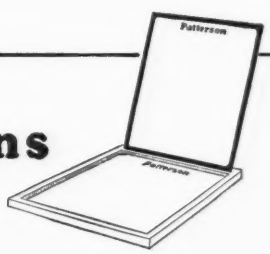
Clear, sharp, contrasty radiographs—the kind that permit accurate diagnosis—can only be assured when intensifying screens are clean and free from stains and scratches. We suggest that you examine your intensifying screens now and order replacements where needed. Dealers have adequate stocks of Patterson intensifying and fluoroscopic screens. Patterson Screen Division of E. I. du Pont de Nemours & Co. (Inc.), Towanda, Pa.

DU PONT

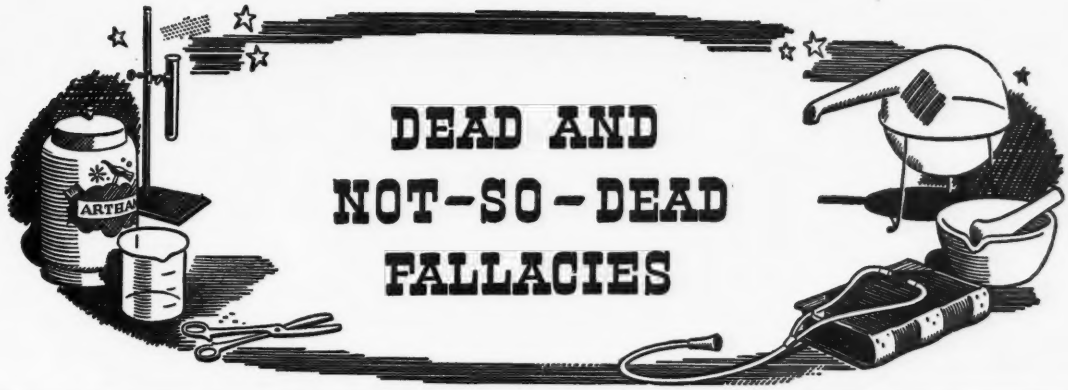
REG. U.S. PAT. OFF.

Patterson Screens

Light the paths of X-Ray



Better Things for Better Living . . . *Through Chemistry*



DEAD AND NOT-SO-DEAD FALLACIES

AFTER SAMUEL PEPYS heard of the blood transfusion experiments of Harvey, he seriously believed that a dog receiving sheep's blood would gradually become a sheep and be a source of wool. Spiritual qualities were attributed to the blood for centuries.

ANOTHER FALLACY that still lives, however, is this: canned foods keep because they have preservatives added. You, yourself, may have met this misconception among your patients.

As is well known, under Canadian Government regulations, canned fruits, vegetables, meat and sea foods are packed under sanitary conditions from sound, clean products, with no preservative, adulterant or artificial colour added. Therefore, they contain only pure water, sugar and salt. Canned foods keep because they have been heat-processed in air-tight containers. The heat process destroys spoilage bacteria which might be present — the sealed container prevents further infection by such organisms and insures preservation.

CANCO

AMERICAN CAN COMPANY, HAMILTON, ONTARIO;
AMERICAN CAN COMPANY LTD., VANCOUVER, B. C.

MASTER

STAINLESS STEEL FORCEPS OF ULTIMATE PERFECTION

	STAINLESS HAEMOSTATIC FORCEPS Box Lock			Dozen Price
S-110	Halstead's Mosquito	*Straight*	5"	$37.80
S-111	Halstead's Mosquito	*Curved*	5"	37.80
S-112	Kelly's	*Straight*	5½"	37.80
S-113	Kelly's	*Curved*	5½"	37.80
S-114	Crile's	*Straight*	5½"	37.80
S-115	Crile's	*Curved*	5½"	37.80
S-116	Rankin-Kelly's	*Straight*	6¼"	44.40
S-117	Rankin-Crile's	*Straight*	6¼"	44.40
S-118	Rochester-Pean's	*Straight*	6½"	44.40
S-119	Rochester-Pean's	*Curved*	6½"	44.40
S-120	Rochester-Carmalt's	*Straight*	6½"	44.40
S-121	Rochester-Carmalt's	*Curved*	6½"	44.40
S-210	Kocher's	*Straight*	5½"	44.40
S-211	Kocher's	*Curved*	5½"	44.40
S-212	Rochester-Ochsner's	*Straight*	6½"	45.60
S-213	Rochester-Ochsner's	*Curved*	6½"	45.60
S-214	Rochester-Ochsner's	*Straight*	7¼"	49.80
S-215	Rochester-Ochsner's	*Curved*	7¼"	49.80

	STAINLESS NEEDLE HOLDERS Box Lock		
S-310	Mayo-Hegar's	6"	48.60
S-311	Mayo-Hegar's	7"	51.60

	STAINLESS TOWEL CLAMPS Box Lock		
S-410	Backhaus'	3½"	40.80
S-411	Backhaus'	5¼"	44.40
S-412	Backhaus-Roeder's	5¼"	46.80

	STAINLESS TISSUE FORCEPS Box Lock		
S-413	Allis' 4 x 5 teeth	6"	48.00
S-414	Allis' 5 x 6 teeth	6"	48.00

Prices are slightly higher in less than dozen lots.

MASTER instruments are sold in CANADA exclusively through THE STEVENS COMPANIES, VANCOUVER, WINNIPEG, TORONTO, MONTREAL, and THE J. F. HARTZ CO., LIMITED, TORONTO, MONTREAL.

THIS TRADE MARK
IS YOUR GUARANTEE OF FINE QUALITY
AND PRECISION

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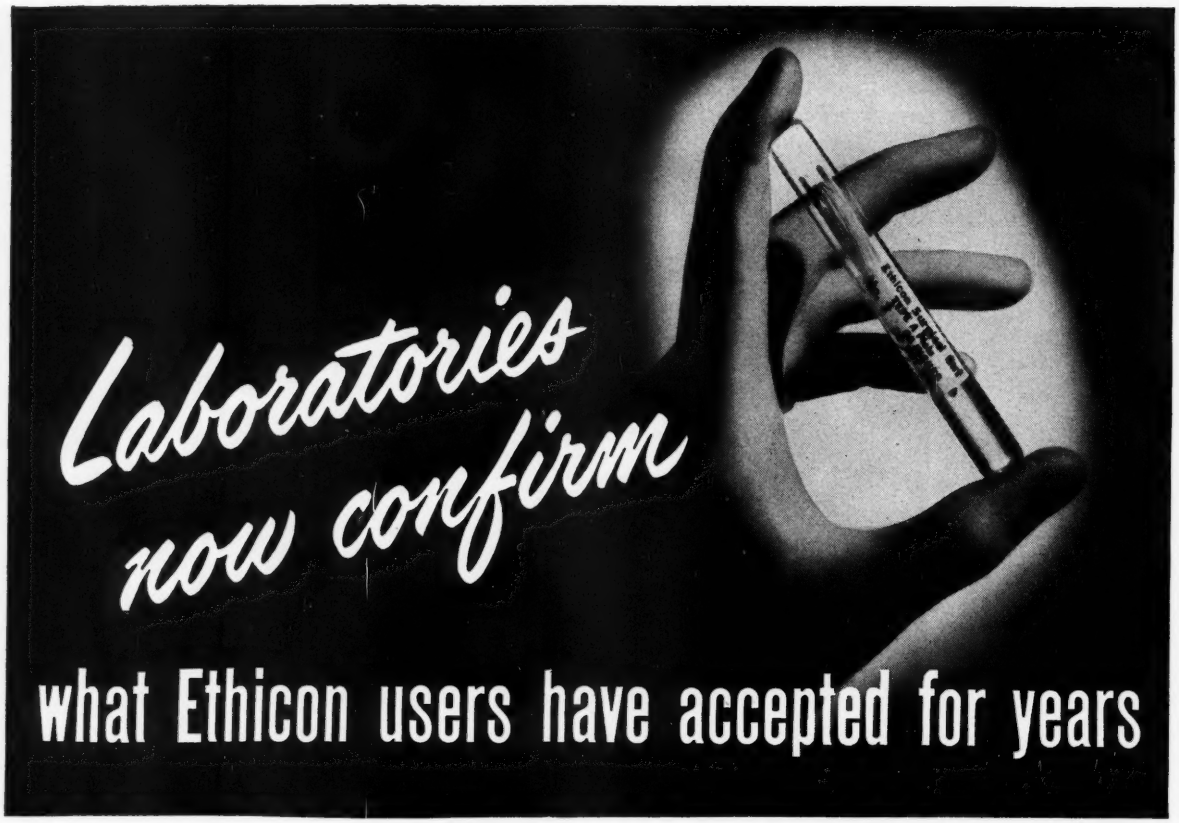

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*Dunham, C. L., and Jenkins, H. P.: The Relation of the Tubing Fluid to the Tissue Reaction and Absorption of Surgical Gut (Catgut). Bull. of the American Coll. of Surg., 23: 62, Feb., 1943; The Irritant Properties of Surgical Gut Tubing Fluid. Proc. Inst. of Med. of Chi., 14: 422, May, 1943. Surgical Gut (Catgut) Tubing Fluid as a Tissue Irritant. Ann. Surg., 118: 269, Aug., 1943.

Jenkins, H. P., and Dunham, C. L.: Irritant Properties of Tubing Fluids as a Factor in the Tissue Reactions Observed with Surgical Gut (Catgut). Ann. Surg., 118: 288, Aug., 1943.

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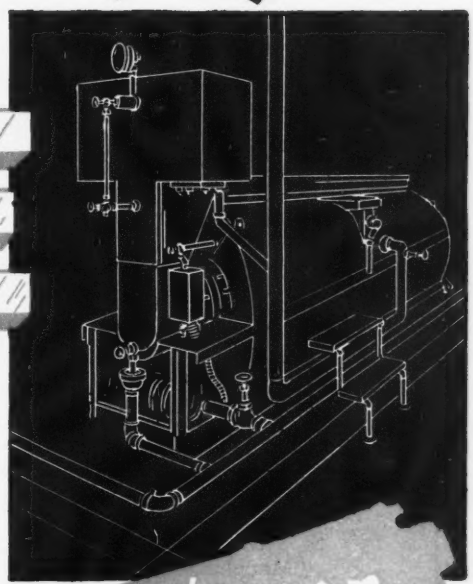

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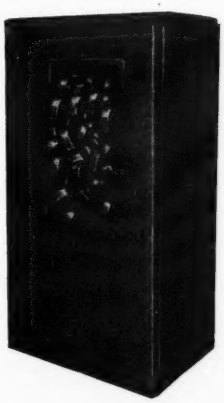

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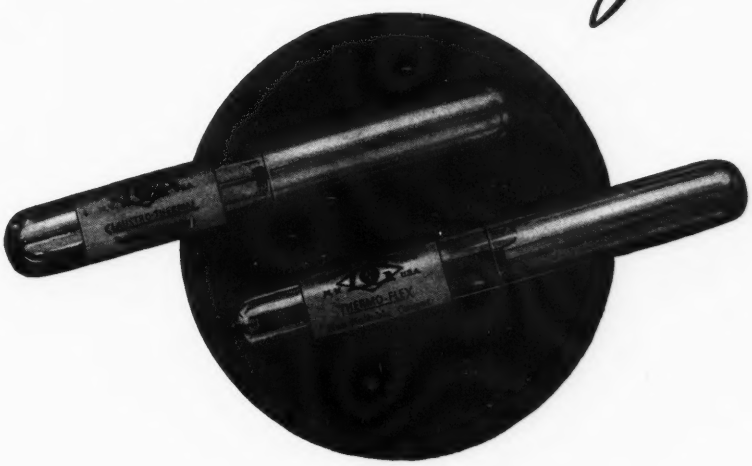

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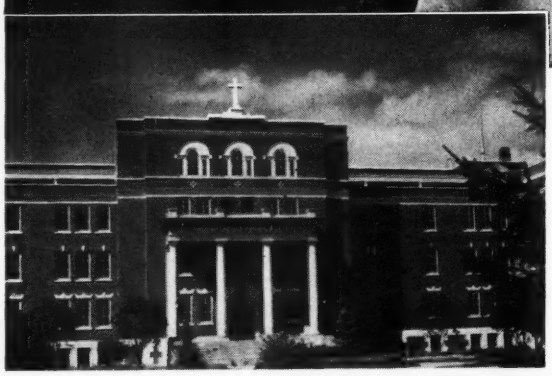

The St. Boniface Sanitorium at St. Vital, just outside Winnipeg. All plumbing fixtures, etc., were supplied by Crane.

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Harvey Agnew, M.D., Editor

The CANADIAN HOSPITAL

Toronto, October, 1944 Vol. 21 No. 10

Teaching Nutrition —to the Patient

By MARY W. NORTHROP, M.S.,
King County Hospital,
Seattle, Washington.

IN the book "On Being an Architect", by William Lescaze, there is the following paragraph:

"An architect must be a practical dreamer. If he is only a practical man, it is not enough. If he is only a dreamer, it is not enough. The practical man will think only of the physical part; the dreamer will think only of the aesthetic part of a building. Architecture is a synthesis, a fusing of the two. An architect must be able to think in advance. He must have learned to see, much before they actually take shape, the four sides of a building, and all the inside of that building, and that building among other buildings."

We dietitians, too, if we wish to be the architects of good nutrition for all the people, must be practical dreamers. We, too, must try to see ahead, to picture our ideal before it takes shape, and to see nutrition among other parts of the public health programme. These days, it is true, are very difficult to dream in. We are responsible for feeding large groups of people, and the show must go on even though the stage manager may be required to take the places of actors, scene shifters and property men. We are good troupers, and the show *will* go on. If we are not careful, though, such urgent daily necessities will crowd out dreaming. This we cannot afford.

Where, then, does practical dreaming take us as we think of the relationship between the hospital—and more specifically its dietitians—and the public health programme? Psychologists have taught us that the positive approach is more effective than the negative. Does that not mean that hospitals should be called "*health* centres", with emphasis on return to health, rather than "medical centres", which puts emphasis on illness? Cure disease we must when we can, of course. But perhaps that is only a part of our job. While we help the patient to get well, we should also teach him how to stay well. To this end, many phases of personal hygiene would need to be taught, including mental hygiene.

The teaching of nutrition is specifically our part of the programme but, accustomed as we are to being called on to teach Red Cross nutrition classes, women's clubs, parent-teacher groups, and others outside the hospital, it has occurred to few of us to exploit the possibilities of teaching that group who are power-

Presented at the meeting of the Canadian Dietetic Association, Vancouver, May, 1944, under the title. "The Hospital Dietitian and the Public Health Nutrition Programme".

less to escape us—our *patients*. We may as well let charity begin at home.

Nutrition History Important

The first step in teaching is usually to find out what the student already knows, and for that purpose a careful *nutrition history* would be desirable, taken routinely as soon after admission as the patient is able to undertake the effort of answering the necessary questions. Such a history, evaluated by a skilled worker and posted on the patient's chart, may sometimes help the doctor to pick up unsuspected flaws. The taking of it certainly starts the dietitian on the process of getting acquainted with the patient. In dealing with small children, it is especially important to know what foods, what feeding equipment and with what schedules they are familiar. It seems rather ridiculous, when one thinks of it, that, while one of our first precepts to young mothers is to introduce new foods gradually and to avoid emotional trauma when the baby is weaned from a bottle, when we admit a sick baby to the hospital we introduce him to all the foods on our paediatric menu, many of which may be unfamiliar to him, and to a whole new world at the same time. A simple questionnaire filled out by the mother at the time of the baby's admission may make it possible for us to bend the hospital routine to the baby rather than the baby to the routine.

The very suggestion that nutrition histories be taken for all patients is the work of the dreamer, for the practical man knows that it cannot be done with the staffs likely to be at our disposal. To take and evaluate such a history is a highly-skilled procedure, and takes at least an hour. The average general hospital has a ten per cent daily turnover of patients. The average hospital with a ward dietitian expects her to be responsible for up to one hundred or two hundred patients. Obviously, a compromise must be made between the ideal and the practical. Which cases shall be selected? Shall we take only those who seem to need special diets? These people are reached by the dietitian anyway and, if they go home with a specified diet list, they may profit by real nutrition instruction less than some other patients. Shall we select by age groups? The younger patients may profit most, and include those whose family habits cast the longest shadow before them. Shall we select by disease classification? If we do, we shall probably pick up the already obvious and miss many of the most interesting cases.

Teaching Methods

We might use the *hospital tray* as teaching material. At the time the dietitian is getting acquainted with the patient, she might give whichever one of the colourful illustrated "nutrition yardsticks" she prefers to use, and ask him to check the food he receives in the hospital against the requirements shown on the sheet or pamphlet, to learn the pattern of good menus. This would give the dietitian an opportunity to develop her ward rounds into more than a discussion of food temperatures and personal preferences, and to demonstrate that hospital food really is good food. If the patient is on a restricted diet, she can then explain why and in what way his diet deviates from pattern, or how the pattern is met in some other form.

Teaching in the wards could be done also by *travelling exhibits* mounted on a dish truck, or on a table with wheels, and taken through the wards by a student far enough advanced in her training to be qualified to answer the patients' questions. It would be good experience for the students, and all but the seriously-ill patients would find the arrival of the exhibit a pleasant diversion.

Group teaching saves a great deal of the dietitian's time in situations where it is practicable, as it is in some specialized hospitals such as sanatoria for the tuberculosis. In most general hospitals, however, it would prove too difficult to assemble patients in groups, and such groups as could be assembled would usually differ so greatly in social, psychological and pathologic status that they would be hard to teach.

The special diet which the patient is to take home with him is, of course, always an individual matter, involving as it does the consideration of all the facets of his personal situation. The dietitian who is to plan it must know any racial and religious food customs which may affect him, and his personal living schedule and food prejudices. The diet must be within his means in money, cooking equipment, and time and skill required for preparation. Now, availability of foods within the ration limits has been added to the list of factors to be considered by the dietitian before she sits down to write (and then explain to the patient) a diet which is nutritionally adequate and meets the specific needs imposed by his pathological state. If the in-patient teaching programme were adequate, however, there would be little to do for the patient impatiently waiting to go home, excited and with his mind already on its way. Previous contacts would have given the dietitian the information she needs about the patient, and would have given the patient the groundwork for understanding his diet.

Do you remember Van Dyke's "Story of the Other Wise Man"? In this Christmas tale it is assumed that not three wise men but four, started toward Bethlehem when the star showed in the East. The fourth wise man was delayed and came too late, but a phrase in that book might be taken as our present theme. We know that we are striving after an ideal not wholly attainable just now, but to use the words and philosophy of Van Dyke: "It is better to follow even the shadow of the best than to rest content with the worst."

We dare not forget to dream. We must find time, though it may be only an instant, to stop in even the busiest day and gaze out of the windows of our offices, to see a different and more distant scene, to change the focus of our eyes lest they grow fatigued and finally near-sighted.

Mexico's Hospitals *among* World's Finest

IN our January issue we were happy to call attention to the fine series of hospital buildings now being erected in Mexico by the Department of Health and Welfare, of which Dr. Gustavo Baz is Minister.

Some of the fine institutions already completed or under erection in the capital city and at strategic points throughout the country were illustrated at that time. These buildings have been designed in conformity with modernistic trends and have been adapted to suit the climatic conditions prevailing at the coast or at higher, cooler altitudes.

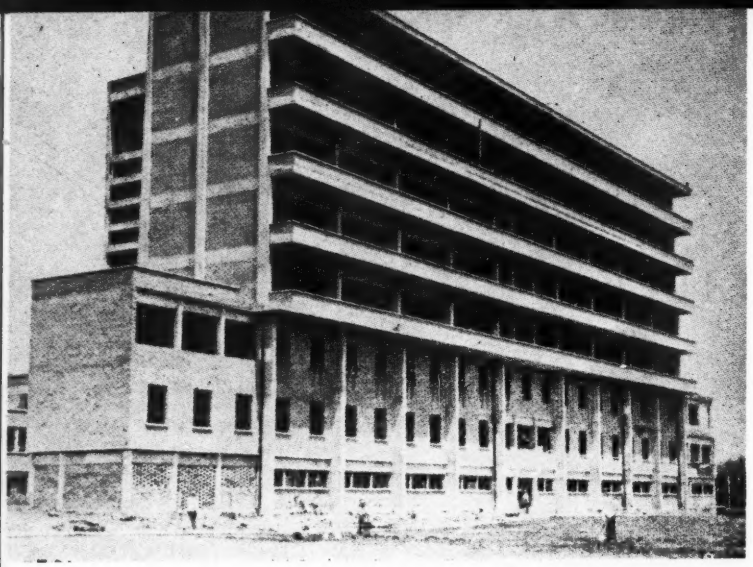
This break with traditional conceptions of design and construction has prompted the corps of architects and administrators working on these plans to develop many features which could well be considered in other countries.

Since that date the Minister of Health has forwarded to us a beautifully-illustrated special issue of *Arquitectura* which has been devoted to a review of these various hospital plans. Dr. Baz has sent us also an elaborate publication of his department, illustrating in considerable detail these various hospitals and also containing a number of chapters dealing with different public health and social welfare activities of his department. It is obvious that the health and welfare work in this great country has undergone tremendous expansion under the guidance of Dr. Baz and his capable associates.

The illustrations reproduced in this issue are from these two publications.

Above: The 300-bed tuberculosis sanatorium at Ximonco, Perote, Ver. There are 48 six-bed wards and single accommodation for 22 advanced cases. Located in a mountainous and wooded region, the building is designed to obtain the maximum sunlight and the most pleasing views from the rooms and terraces.

Left: The Central Military Hospital at Mexico City.

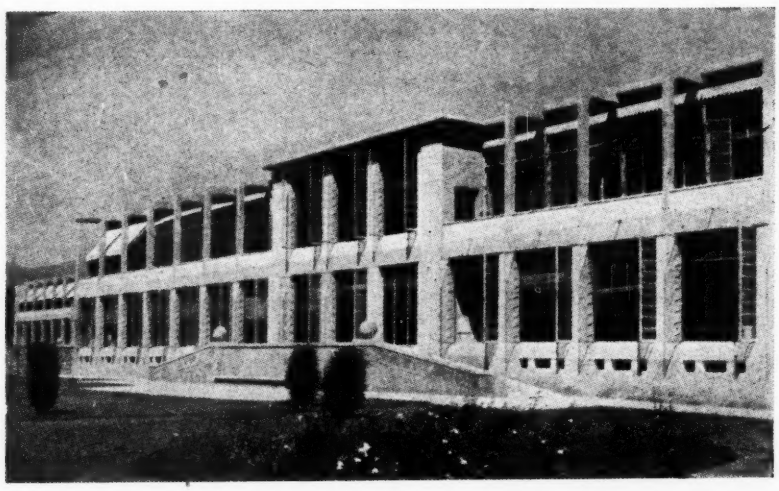


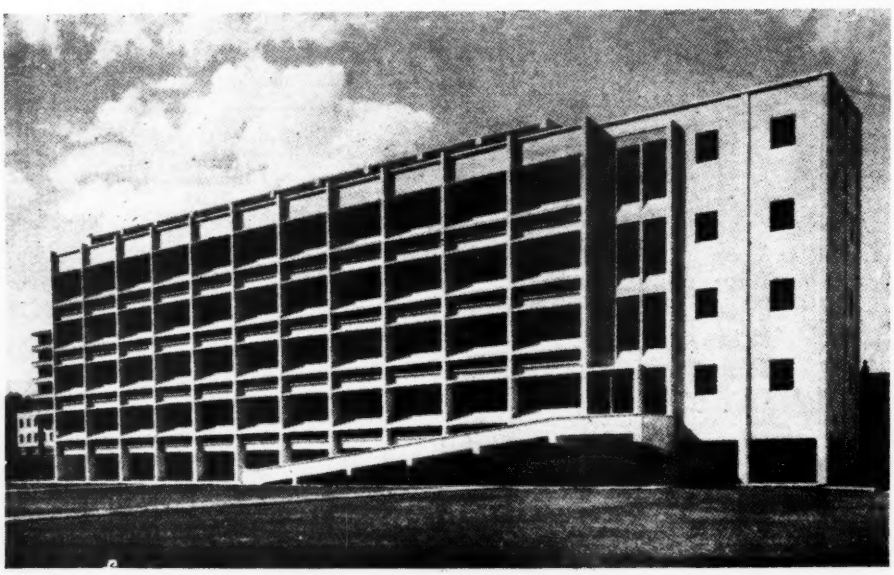
Left: The 300-bed Dr. Manuel Gea Gonzalez Hospital in Huipulco, for advanced tuberculosis. This is one of three tuberculosis sanatoria in Mexico raised by popular subscription.

Below: The first unit of the sanatorium at Huipulco, built in 1929. Note the ramps and the liberal use of windows.

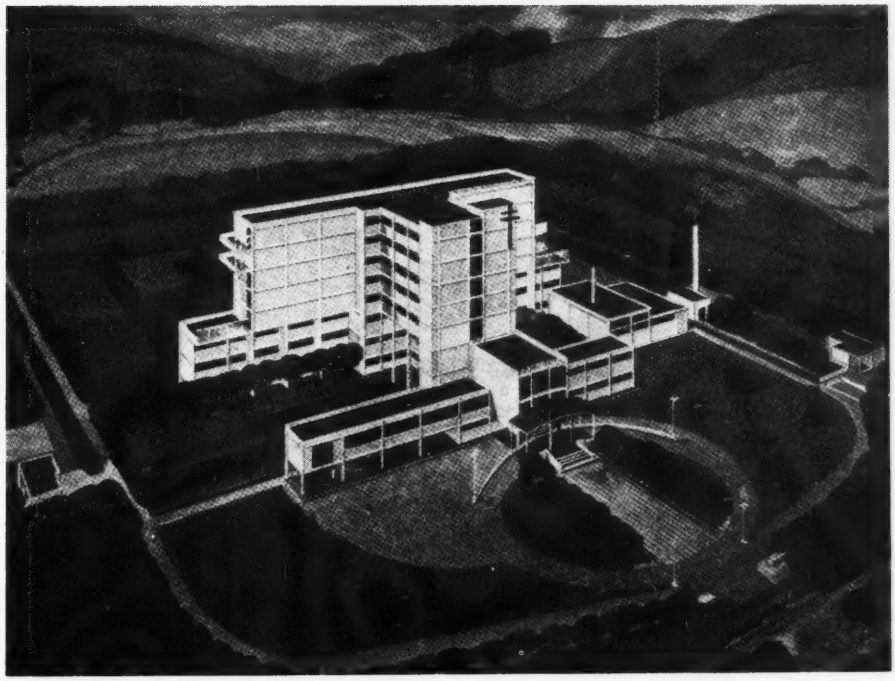
Mexico began a concerted and vigorous fight against tuberculosis in 1929, in which year the first tuberculosis sanatorium in Mexico, that at Huipulco, was erected. Since that time a whole chain of hospital-sanatoria have been built, with architects and medical men collaborating on buildings of striking beauty and efficiency.

The anti-tuberculosis forces are united under the "Comite Nacional de Lucha contra la Tuberculosis", a truly national organization which is enthusiastically supported by all classes and regions in the country.





Left: The Surgical Pavilion at Huipulco. The deeply-recessed porches afford protection from the too-insistent sun.

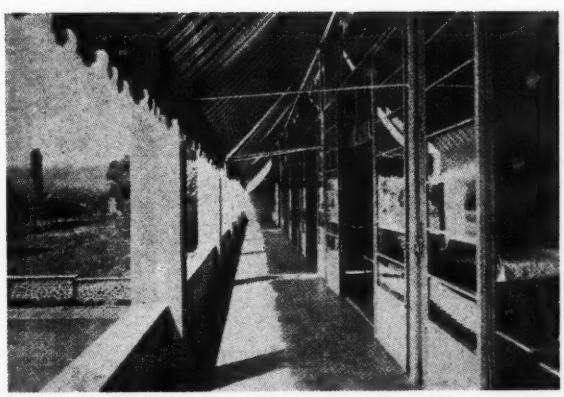


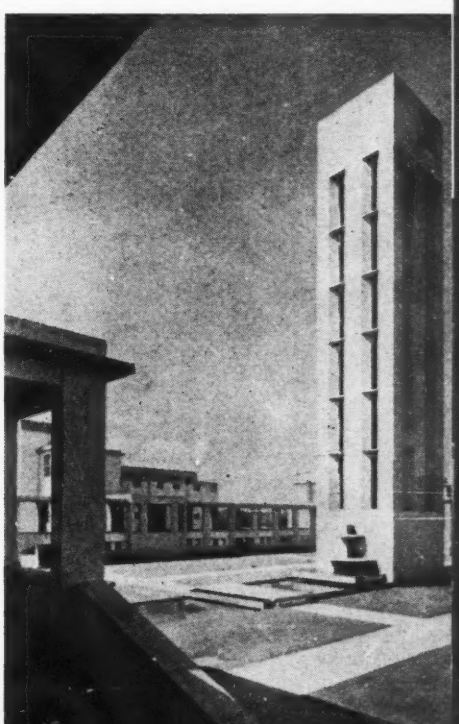
Above: An architect's conception of the Dr. Manuel Gea Gonzalez Hospital as it will look when completed.

Left: One of the wards at the Huipulco sanatorium.

Lower Left: The terrace onto which some of the wards open.

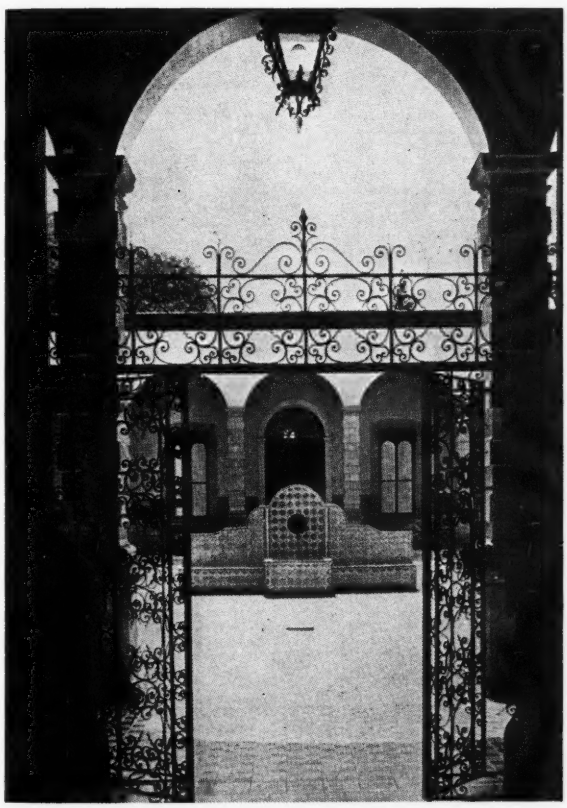
Below: The patio at the sanatorium.





The Diego Rivera Mural in the Cardiological Institute.

Right: Intercommunication corridor at the Tepexpan Hospital.

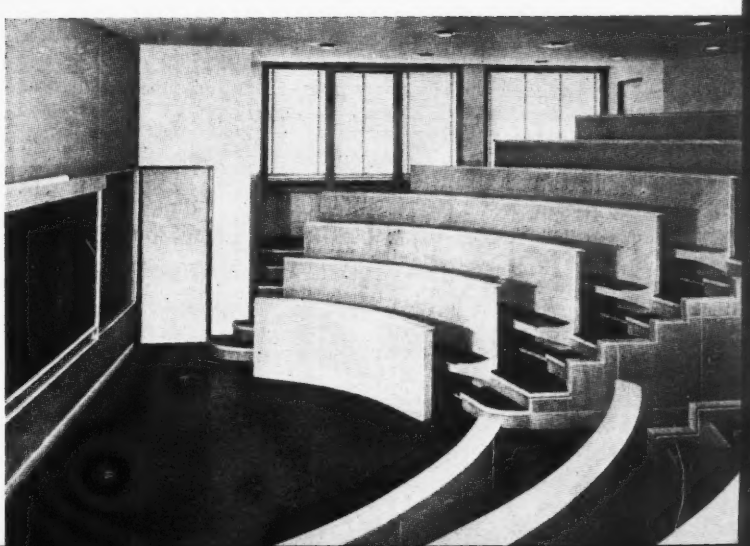


These illustrations show that Mexico has not neglected beauty in her hospitals. By pooling the best efforts of her scientific and artistic talent, she has emerged with a chain of hospitals of which any country might be proud.

On the opposite page is a fresco by Diego Rivera, Mexico's great painter, in the vestibule of the Cardiological Institute in Mexico City. It portrays the progress of medicine throughout the centuries.

To the left are the beautiful gates and central court and fountain at the Civil Hospital of Leon. The wrought-iron work and the elaborate mosaics are worthy of the Alhambra. The contrast with the severly modern design of the hall below is striking.

Right: One of the lecture halls at the Cardiological Institute, Mexico City.



PENICILLIN *More Freely Available to Hospitals*

PENICILLIN is now being made more freely available to hospitals. The supply for civilian use still originates in the United States, as all of our Canadian production is still required for the Armed Forces.

At a recent meeting of the Penicillin Medical Advisory Committee it was recommended that:

1. The *quotas* for public hospitals should be doubled;

2. Public hospitals of *under 25 bed* capacity, not hitherto assigned a quota, should be provided with a penicillin quota upon request (thus adding 176 more hospitals to the list);

3. The number of *conditions* for which penicillin can be recommended has been extended. This comprises Group II of "A Guide for Penicillin Treatment", already distributed to hospitals, with the exception of syphilitic conditions. These added conditions are:

(a) Chronic osteomyelitis (before and after operation);

(b) Actinomycosis;

(c) Subacute bacterial endocarditis;

(d) Perforations of abdominal viscera and associated subphrenic, pelvic and other abscesses, if the predominant micro-organism is gram positive.

To this group may be added:

(e) Infections of the eye and skin, sensitive to penicillin and not responding to adequate sulphonamide therapy;

(f) Non-tubercular gram-positive infections of the respiratory tract not responding to adequate sulphonamide therapy.

There is some evidence that penicillin is of value in the treatment of certain forms of syphilis but its use for that purpose has not yet been officially approved either here or in the United States. Because of this lack of official approval and the scarcity of penicillin, its use for this purpose cannot be recommended as yet. It should be noted, however, that its use for this condition is not negated. In most provinces, too, drugs for the treatment of syphilis are provided by the provincial department of health, and hospitals desiring to use penicillin for special cases of syphilis may desire to clear with their provincial department respecting reimbursement. At present rates the cost would probably vary from $45 to $100 per case.

4. Quotas will be made available to *sanatoria* for tuberculosis. While not of value against tuberculosis itself, penicillin has value in the treatment of respiratory complications and in some cases of lung surgery;

5. Negotiations are proceeding with provincial departments of health respecting requirements for patients in mental hospitals;

6. It is possible that *private* hospitals under certain conditions may obtain penicillin. Favourable consideration may be given to private hospitals serving areas distant from public hospitals and with medical staffs sufficiently organized to control the use of the penicillin supplied.

7. The pooled price for the period Sept. 18 to Oct. 15 has been reduced to $4.50 per ampoule.

Varying Usage

Returns for the period of July 15th to August 15th indicate wide use of the penicillin made available —in fact, quite a number took their full quota and requested more from the emergency reserve. On the other hand nearly half of the hospitals with quotas did not requisition a supply.

Of 389 hospitals with quotas, 204 (52.4 per cent) requested penicillin. Of these, 126 (32.4 per cent of the total number) took their full quota. In addition some 13 non-quota hospitals requested and received penicillin for specific purposes.

Most extensive use of penicillin took place in the Fort William (100 per cent), Regina, London, Calgary, Toronto and Vancouver areas. The listing was based on quota utilization which, in turn, was computed on the basis of bed capacity. Lowest utilization was in the Edmonton, Winnipeg and Ottawa areas.

Stock Larger Amounts

Hospitals are requested by the Controller of Chemicals and the Medical Advisory Committee to stock larger amounts of penicillin. It is apparent from this early experience that many hospitals have been waiting until they had a suitable case. Then they have ordered possibly one ampoule to be sent immediately, be it night or week-end. A night or two later may come a repeat rush order for another ampoule. This is tough on the regional representatives of the National Drug and Chemical Company who frequently must get up at night, wire or phone Montreal, take a taxi to the plant and ship—one ampoule. The company is acting as a distributing agent without financial return as a contribution to the public welfare, and is finding these practices both troublesome and an item of expense. As

(Concluded on page 96)

Keep Penicillin on Hand

The Controller of Chemicals suggests that hospitals do not wait until they have a suitable case but stock a reasonable amount of penicillin within the limits of their quota. Present supplies warrant this action, which would avoid delays at weekends and simplify the machinery of distribution. Penicillin keeps six months or more if refrigerated, and the new pooled price of $4.50 per ampoule is not likely to be reduced in the near future.

The Nursing Situation

In the Present Crisis

Excerpts from the Study of the C.H.C. Committee on Nursing and Nurse Education

(This extensive and valuable report, prepared by a committee under the chairmanship of Miss K. W. Ellis, will be issued shortly as C.H.C. Bulletin No. 45. A major contributor to the portion here quoted was Miss Gertrude M. Hall.)

IN discussing scientific advances a noted scientist has stated that "To-day the external conditions of life in civilized communities differ more from those of 1830, than did conditions of 1830 from those at the time of Noah's flood." It would seem that nursing has the "edge" on science. For without any very definite records of nursing at the time of the flood, it is apparent that similar comparisons regarding developments in nursing might be made with a much more recent period than 1830.

Adjustments in the Present Crisis

Crisis has been described as the cross-roads between achievement and disaster. To-day, nursing, as well as other professions, is facing a crisis of great magnitude. A satisfactory solution of the present crisis can only result from joint study and action and justifiable compromise on the part of all concerned. In an effective national health programme not only immediate needs must be taken into consideration, but also post-war conditions and the demands of to-morrow—so far as these can be visualized.

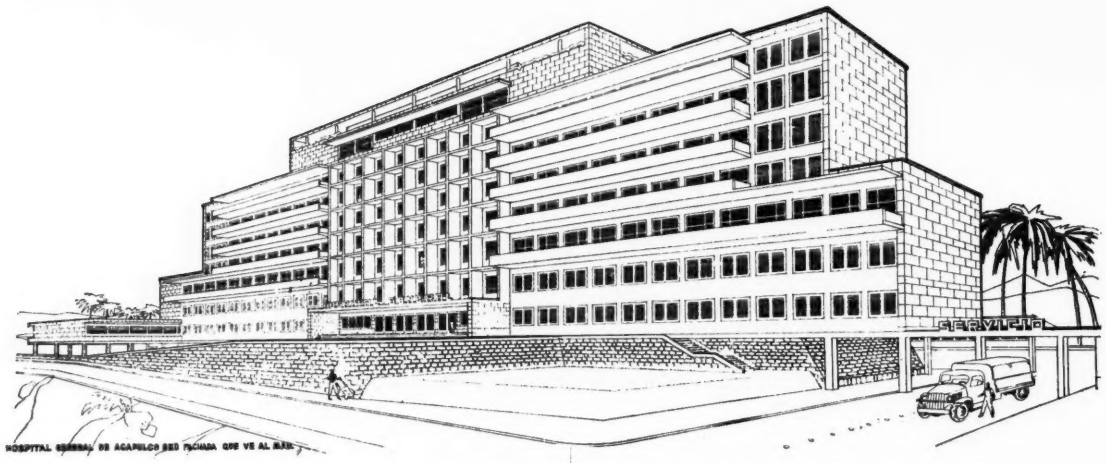
The results of co-ordinated efforts such as we have in mind were very practically illustrated in the National Health Survey, to which reference has already been made. The Canadian Hospital Council and the Canadian Nurses Association together appealed to hospitals for information and even ventured to do so by means of the despised questionnaire. The response exceeded all expectations. It is very fitting that tribute should be paid in this report to the contributions made to the Survey of Nursing by representatives of hospitals, public health nursing and other organizations. Their support was reassuring evidence of interest and goodwill on the part of very busy "key" people. This was very significant.

The story of nursing across Canada, as it is told in one province or another, is very similar. It is the story of increasing pressure in hospitals and public health organizations and of shortages of all types of personnel, plus additional demands that must be met. The need for nursing service and the difficulties in supplying it continue to increase. It is small wonder that those burdened with the responsibility of meeting present-day problems in supplying health services sometimes feel that they are playing a losing game—although not all of them; many are rising to the challenge with courage and the conviction that progressive changes will materialize out of the present war—fearful as it is.

Since the outbreak of war, the Canadian Nurses Association has been greatly concerned not only with the support of war effort, but with the stabilization of nursing throughout Canada.

In September, 1941, a meeting of peculiar significance was called by the Canadian Nurses Association in Montreal. At this meeting representatives from all parts of Canada were present. The appointment of an Emergency Nursing Adviser to study nursing problems and to establish more direct contact between the nine provinces was an immediate result of this meeting. Other developments are seen in: the recruitment campaign for student nurses, which was organized nationally and provincially; widely organized refresher courses for married and inactive nurses; and the appointment of travelling instructors, and steps taken to increase the number of nurses with special preparation to give leadership and to fill positions as administrators, teachers and supervisors and those calling for other specialization, both in hospitals and in the public health fields. The realization of many of these undertakings has been made possible by the grant made by the Federal Government through the Department of Pensions and National Health, although many of them were envisaged and even initiated by the Canadian Nurses Association before the grant was made.

A very practical effort to overcome the shortage of nurses and to



Another of the fine new hospitals in Mexico. This is the General Hospital at Acapulco, Gro. There are 240 beds for medicine and surgery, 24 maternity, 20 paediatric and 21 for infectious diseases.

effect a more satisfactory adjustment is seen in the recommendations proposed by the Chairman of the General Nursing Section of the Canadian Nurses Association and in each province. These recommendations are formulated with a view to assisting in stabilizing nursing service in the present crisis. They suggest that the responsibility of doing so rests largely with the private duty, or so-called "free-lance" nurse. Without enlarging upon the details of the plan, it is stated that the recommendations suggest the coverage of shortages in local hospitals and answering and meeting other calls for nurses, especially during emergencies and holiday seasons. Nurses who accepted the recommendations undertook to register for duty with a minimum amount of rest and not discriminate against certain hours of duty or types of service. On the other hand, it is requested that recognition be given to essential considerations to which the nurse is entitled. These concern hours of duty, salary, working and living conditions.

To secure adequate service for hospitals under conditions that are reasonable and acceptable to nurses is the challenge that faces the profession and hospital administrators. Plans for this should involve adjustments that will go beyond the present war period: "Planning for to-morrow as well as doing for to-day is a cardinal need".

The Armed Forces

The latest statement regarding the number of nurses serving with the Armed Forces is approximately 3,-500. Out of approximately 2,000 who had enlisted by March, 1943, 9.1 per cent. held certificates for post-graduate courses taken in universities. This number is not as great as might have been supposed. However, it is significant in view of the fact that only 3.1 per cent. of the total number of nurses who registered stated that they had this preparation. These figures do not include the number of nurses with special experience in clinical fields who have enlisted.

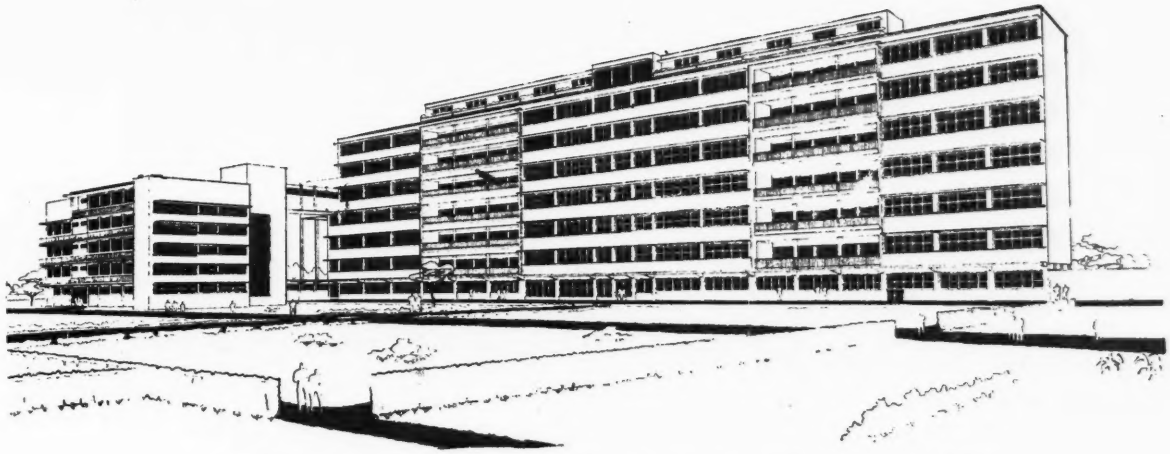
It is recognized that an adequate supply of suitably qualified nurses for the Armed Forces is of *first* importance. However, it is obvious that nursing and other health services can be utilized to best advantage through close co-operation between authorities in the Armed Forces and those in civilian hospitals and other health services. As stated by the President of the United States: "During these days of stress the health problems of military and civilian population are inseparate."

The nursing profession in Canada is justly proud of the fact that there has been no difficulty in obtaining nurses for military service. Authorities in hospitals and schools from which nurses graduate share a justifiable pride in the splendid body of women who are representing them in all the services. However, nurses have a definite responsibility in clarifying their positions regarding applications for enlistment when accepting appointments for civilian service. It must be admitted that in a number of instances unnecessary embarrassment has been caused by failure on their part to realize this. True patriotism cannot be divorced from sound ethical principles; this includes due consideration of the problems which are so acute in civilian hospitals and elsewhere on the home front.

Civilian Service

In 1943 the survey showed general hospitals and public health organizations richer so far as numbers are concerned, but often harassed by lack of well qualified personnel and by services disrupted by frequent changes. No doubt, such changes are due in part to the "accursed mobility of nurses", but the entire responsibility for a fluctuating service does not rest with the nurses alone.

A comparison of the number of graduate nurses employed in general hospitals in 1939 and 1943 showed an *increase of over sixteen hundred nurses* and yet *over fifty per cent. of the institutions and organizations canvassed at the time of the survey stated that they needed more supervisors and head nurses and more general duty nurses* in order to meet normal demands. In sanatoria and mental hrospitals alone there was a decrease in the number of registered nurses employed in 1943 as



The General Hospital at Veracruz, Ver., in Mexico. This hospital is of 550 beds capacity plus an outdoor department. Note the window space and balcony arrangement.

compared with 1939. Their problems are very acute.

It is evident that the increased demand for nurses in hospitals is due in part to an increase in bed capacity and bed occupancy in hospitals in Canada. In a report of the Canadian Hospital Council, prepared in 1943, the former increase is quoted as *10.4 per cent* for civilian hospitals throughout Canada, while the average increase in daily patient census across Canada is stated to be *18.9 per cent or twice* the increase in beds. This suggests the type of overcrowding that adds considerably to the problems of nursing care. Additional and unusual responsibilities now delegated to the nurse have already been mentioned as another explanation of shortages which accompany numerical increases.

On October 21 and 22, 1942, a joint meeting of representatives of hospitals and nursing organizations throughout the Dominion was called by Mrs. Rex Eaton, Associate Director, National Selective Service, in Ottawa, to discuss problems of nursing service and others of mutual concern. As a result of this meeting the necessity for certain adjustments was agreed upon. A number of these have since been put into effect. Those which have been initiated by the nurses' associations include relaxation of certain restrictions regarding reciprocal registration privileges; stimulation of recruitment in schools of nursing; a definite appeal to all nurses to make a special contribution in the present crisis; continuation of refresher and other special courses to assist in preparing nurses to fill positions of responsibility more rapidly; and the approval of an accelerated course subject to certain conditions, as a special war measure. Hospital authorities agreed that due consideration should be given to conditions of employment for nurses.

Experience has already proved that *rationing and priorities* when applied to human services are not simple procedures, especially in a democracy and one which so far has been spared the full horrors of war. As yet, nurses have not been included in the government regulations which control the employment of other groups. Possibly the time has come when in the interests of human welfare *certain regulations should be effected.* Because of the peculiar nature and variety of services rendered by the nurse, the successful application of regulations presupposes careful planning in consultation with representatives of the nursing profession and other groups concerned, and the study of conditions in the light of information that has been made available through the national registration and survey.

It is here that hospital administrators and the nursing profession meet. Sound adjustments cannot be one-sided ones. It would be well to determine first *how short are the shortages,* and to examine the reasons for them, before placing the blame for the deficiencies on any one cause.

Even a superficial study of reports received from the national registration and survey show that a change has taken place in nursing over a period of years. The significant reduction in the private duty group as shown in *Table 1* affords food for thought. Only 6,324 of the 22,136 nurses who registered as employed in nursing in March, 1943, identified themselves with the private duty group, which is the source of supply for both general and private duty nurses. While in 1930, *60 per cent.* of the nurses actively engaged in nursing in Canada were in the private duty field, in the national registration of 1943 only *29 per cent.* are found in this group. Some *48 per cent.* are engaged in work in hospitals and schools of nursing; *14.6 per cent.* in public health, including industry, and *8.4 per cent.* in other fields. Out of the 7.216 nurses who have left the profession since December, 1939, *84 per cent.* have done so to be married.

It is encouraging to know that hospital authorities generally are agreed that adjustments now taking place in hours of duty, salaries, working and living conditions for nurses are long overdue. Gradually conditions of supply and demand are

(Continued on page 102)

"Oak Hill", the former home of the late Sir Harry Oakes, which has been converted into a convalescent hospital for the R.C.A.F.

Evacuation of Wounded Well Handled in France

SINCE D-Day there have been many accounts of men who, wounded in France in the morning, find themselves in hospital in England the same evening.

The organization which has made this possible is one of the most impressive achievements of this war. Anglo-American co-operation, "Combined Ops" by the Medical Commands of the three services, experience gained by British doctors and nurses in four years of war, and the magnificent work of British scientists, have resulted in service for the wounded which in any former war would have been considered absolutely impossible.

Medical Supplies by Air

Each man who landed in France had with him a field dressing so that he could dress his own and his comrades' wounds, but surgeons, dentists and medical personnel also landed with the first assault troops, some dropping by parachute, others with their drugs and instruments in special waterproofed kits landing from sea. Quantities of medical equipment were sent by air, either in gliders or attached to statichutes dropped from planes. Supplies which were dropped by statichute were packed in four-foot canisters and included rolls of bandages, splints, surgical scissors, gloves, masks, dressings and pint pots of ether. Special canisters of dried blood were sent in gliders. For the first few days after landing 400 bottles of blood were sent over every day by motor launch.

Evacuation by Air

On D-Day itself three casualty clearing stations were established with full staffs, except for women nurses who went over a little later. These clearing stations are equipped for nearly all forms of hospital treatment, including surgical operations and x-raying. It is from these stations that the great air ambulances leave for England. The biggest of these planes can take 18 stretcher cases. In them travel W.A.A.F. nursing orderlies, and when serious cases are on board, an R.A.F. nursing sister, and supplies of blood plasma and oxygen, should it be necessary to administer these during the flight.

In the two weeks which followed D-Day 2,000 casualties were flown back to hospitals in England by the R.A.F. Second Tactical Air Force.

Until it is possible to berth hospital ships, men returned by sea travel in specially equipped landing ships to which they are taken by "water ambulances" which are an especially made type of landing craft.

More Wounded Recover Now

In the last war 11 per cent of the wounded men treated in hospital died. In this war death from wounds after hospital treatment has been 1 per cent and the time of recovery has been halved.

This magnificent achievement is largely due to the work of British scientists, who discovered the first great group of sulphonamide drugs —which include drugs which cure pneumonia, bacillary dysentery, scarlet fever, meningitis, and many other deadly diseases — then the powerful antiseptics, in particular penicillin and propamidine. The former prevents gangrene in wounds, and the latter heals first and second degree burns.

Victoria's Hospital in Victoria's Time

THE old books and documents in the vault of the Royal Jubilee Hospital reveal interesting glimpses of the efforts of Victoria's public-spirited citizens to provide hospital care for their less fortunate fellows when the city was young.

The story of the founding of Victoria's first hospital—the old Royal Hospital—is widely known, but will bear re-telling. It was in 1858 that the Rev. Edward Cridge (afterwards Bishop Cridge) found at the door of his parsonage a sick man, laid there by friends who hoped that he might receive from the good clergyman's hands the care nowhere else in the raw young city available to the destitute transients then swelling its population. Those were the days of the gold rush to the Cariboo.

Mr. Cridge appealed to the Governor, who promptly appointed him one of a committee which soon arranged for a temporary hospital in a cottage at the corner of Yates and Broad Streets, loaned rent-free by the owner, Mr. Blinkhorn. Later in the same year a building was erected on the Indian Reserve, and it is interesting to note that the Government, "though not consulted, offered no objection". Evidently the Indian Agent afterwards secured some compensation for his wards whose property had been so unceremoniously taken over. In 1862 Sir James Douglas endorsed his carefully-penned plan for the distribution of cash, probably that paid for the land,—

"The application of the Indian Fund herein proposed meets with my approval.

James Douglas, Governor"

By CHARLES MORRISON,
Secretary, Royal Jubilee Hospital

The Royal Hospital remained at this location until the end of 1869, when its Board took over the Female Infirmary, erected in 1864 at the head of Pandora Avenue. There it remained, ministering to both male and female patients, until in 1890 its patients were transferred to the building on the rise between Richmond and Cadboro Bay Roads, where still stands the institution that has grown into the modern hospital we know today. This building, now the old Administration Block, was erected by the people of Victoria as "the most appropriate and enduring testimonial that could be chosen in recognition of the Jubilee year of Her Most Gracious Majesty Queen Victoria". So says the circular issued by the committee appointed in 1887, who felt "certain that no act will be better appreciated by Her Majesty than the erection of an institution devoted to the alleviation of human suffering".

"The Jubilee"

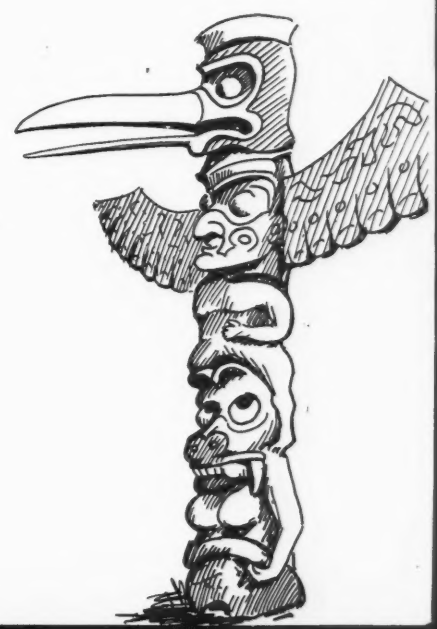
The institution was incorporated by an Act passed in 1890, wherein its title is set forth as "The Provincial Royal Jubilee Hospital". In 1940, because of misunderstandings sometimes arising from the word "Provincial" creating an impression that it was a British Columbia Governmental institution, an amending Act changed its name to "Royal Jubilee Hospital". But, regardless of parliamentary niceties, Victorians for more than fifty years have called it simply "The Jubilee".

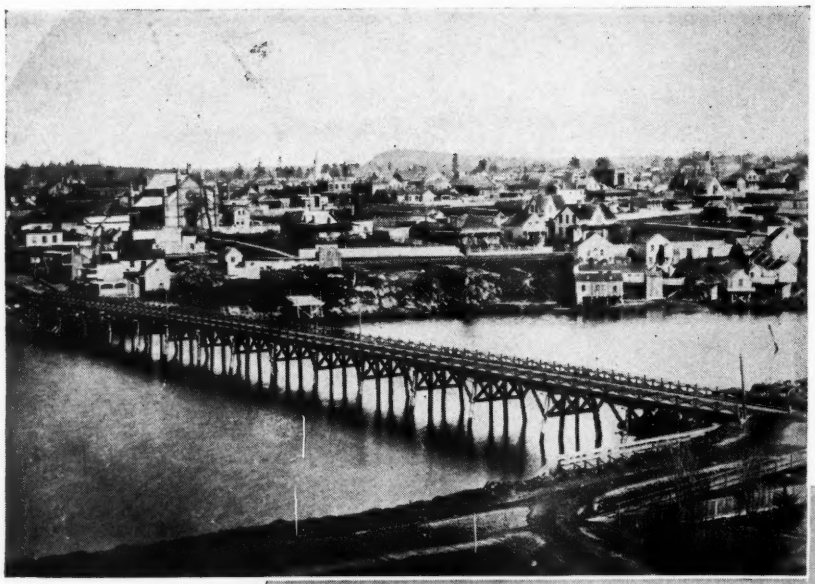
Co-operation with St. Joseph's

The material for this sketch was gleaned from the Jubilee's records only, but no account of the evolution of institutional care for the sick in our city would be complete did it fail to mention St. Joseph's Hospital, which since 1875 has shared that great work with the Royal and its successor, the Royal Jubilee. The progress of the hospital operated by the Sisters of St. Ann has paralleled that of the Jubilee, and today the two institutions furnish Victoria with service comparing favourably with that in most communities of equal size. Co-operation between them is of long standing, as the Minutes before us gratefully acknowledge in the year 1892. In the great smallpox epidemic of that year a quarantine hospital was built on the Jubilee's grounds in twenty-four hours and two large wards with the necessary service rooms in a week; and the Sisters of St. Ann volunteered to share the nursing of the victims of the dreaded plague.

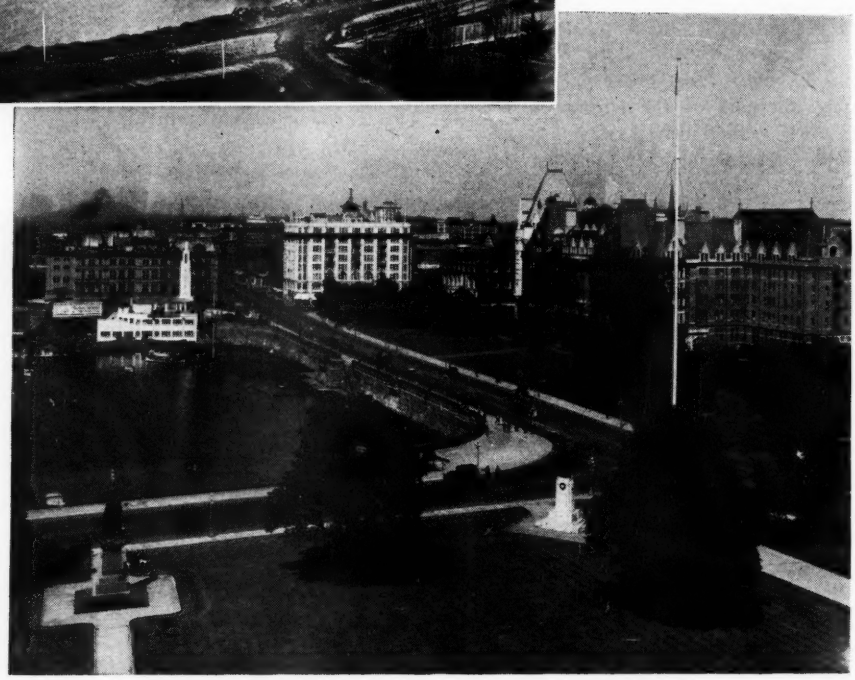
The Old Minutes

Harking back to the early days of the Royal Hospital, there is a delightful flavour of Dickens in the minutes of the Board's proceedings, painstakingly recorded in the meticulous handwriting of the period. The shade of Bob Cratchit is evoked by the passage dealing with the luckless clerk who evidently sought solace in the Cup when his plea for "some augmentation of my remuneration of $12.00 per month" was denied. Per-





The same scene yesterday and to-day.



The above view, courtesy publishers of Emily Carr's "House of Small" shows the upper end of Victoria Harbour before it was filled in to create the site for the famous C.P.R. Empress Hotel.

haps he had access to the porter, ale and brandy, freely prescribed in those days and frequently appearing in the Hospital's expense accounts; for it was solemnly reported that he had been found "incapacitated for duty". His pathetic appeal for "clemency towards my indiscretion" was mercifully answered; but his promise never again to lapse was, alas, soon broken. This time he was found to be $10.00 short in his account and was ordered to be summarily discharged.

We are reminded that Vancouver Island at that time was a Crown Colony, and not a part of Canada, by the accounts up to May 31st, 1859, being kept in pounds, shillings and pence—perhaps by our bibulous clerk, it might be suggested by the somewhat shaky penmanship in the first Day Book.

A cow was purchased each year to supply milk for the patients, and the entries were duly made—"To purchase of Cow $60.00" and "By sale of dry Cow and calf $47.50". One year there were twin calves, to the gratification of the Board, but on another sad occasion it is recorded that "the Cow having proved barren, and devoid of lacteal fluid, was ordered to be sold".

Those of us old enough to remember the nauseous remedies that convinced childish minds that ill-health was somehow linked with ill behaviour (how else could it entail such punishment?) may experience a return of our qualms as we scan the bills for medical supplies, where senna, squills, quassia, sulphur, camphor and the horrific "black draught" were among the staples. That the modern drugstore's agglomeration of merchandise is not entirely a recent development is attested by the billhead of Langley Bros 'Apothecaries' Hall, which not only purveyed Drugs, Chemicals, Perfumeries, Paints, Oil, Window Glass, etc., but also had a "Complete Stock of every kind of Fishing Tackle" in addition to being "Agents for all Genuine Patent Medicines". Who would quibble over the question whether it

A portion of the Present Hospital

was the patent or the medicine that merited the adjective?

High and Low in Food

The low cost of living prevailing in the nineties is reflected in the list of tenders for the supply of food to the Jubilee during those halcyon days. Bread was offered at 2 5-8 cents per loaf, milk at 22 cents per gallon, potatoes at $16.00 a ton, and eggs at 19 cents per dozen. But wait! We realize that the Royal Hospital was founded in the days before Vancouver Island had been settled long enough for agriculture to have reached the stage at which farm produce was cheap and plentiful, as we look over the accounts for the year 1859. Meats then cost as much as or more than they do today, and no doubt the comparative cheapness of sheep's head was the reason for its frequent appearance in the butcher's bills. Many vouchers reading "fish bought from an Indian 50 cents" recall old-timers' tales of the 30 pounds of salmon then procurable for two bits, and suggest that thrift dictated the menu. One wonders what would be the reaction of our present day patients and employees to the diet of those more rugged days.

One hundredweight of "Island grone butatoes" is invoiced by a pioneer farmer at $2.50—a staggering price when we remember the purchasing power of money then; and before the advent of the hospital's own cow milk was supplied at 25 cents a quart by a citizen of French origin, whose progress towards assimilation can be gauged by his monthly statements. They shade from February's "Lait fourni 3 pistre et 75 sous" through July's "Lait fourni 5 dollar and 75 sens" to November's "30 quarts milk $7.50".

The aggrieved patients who have plagued hospital administrators from the most ancient to the most modern times were soon in evidence. One Antoine Malboeuf, we read, having been "poisoned by mistake", applied for admission and "threatened to go into the liquor business" when there was some demur. Later we find him digging a well in order to repay the Hospital for having treated him. It is not recorded if the well was a success, though that is to be hoped, since one of the heavy expenses was the price of water, supplied by the barrel.

Down through the years we find interesting and sometimes amusing references to complaints and disputes arising between the patients and staff. In the early days these were usually due to the restrictions on the consumption of liquor conveyed by sympathetic friends to the hardy miners and seamen among the patients, who presumably regarded such regulations as unreasonable. In the later years, when charges had climbed to $10.00 a week or more, there are more instances of objection to the charges, and ingenious excuses for non-payment. In the late nineties one irate gentleman wrote that he intended to sue the Hospital for $250 damages for suffering caused him when the authorities refused to restore his false teeth, alleged to be held as security for his bill. The Minutes laconically state that it was all a mistake on his own part.

Not unexpectedly we find that problems still worrying us today beset the Administration of those earlier times. The vexed question of the care of mentally-affected patients recurs time and again, on one occasion giving rise to prolonged debate when the Board had been aroused by an enterprising surgeon having "secured admission of a lunatic by a subterfuge, and intending to perform an operation for insanity". The lack of accommodation for senile and chronic patients no longer in need of general hospital care was then as now an unsolved problem, and the overcrowded state of the Provincial institutions whose function it was to relieve the hospitals of certain classes of patients was often the cause of vigorous protests.

The Spirit of Yesteryear

But though we may smile at the quaint phrasing of the Minutes, and perhaps plume ourselves at times on the advances we have made, there shines through these yellowing pages the grand spirit that animated the citizens of those days who so unselfishly gave of their time and their talents, as well as of their money, to alleviate human suffering. In many instances they showed a broad and enlightened outlook not surpassed by their descendants with all our advantages of knowledge of the great discoveries that have wrought such a transformation in medical treatment. Their consistent regard for the welfare of the patients under their care, too, is evidenced by page after page wherein is set forth the record of their anxiety that the best methods of treatment and new appliances should as quickly as possible be made

(Continued on page 84)

Nurse Administrator Honoured

"Priscilla Campbell Nurses' Residence"

Opened at Chatham, Ontario

YEARS of outstanding service in the field of hospital administration in Canada have been fittingly honoured in the erection of the "Priscilla Campbell Nurses' Residence" at the Public General Hospital at Chatham, Ontario. Miss Campbell came to Chatham as superintendent in 1922 from Brockville, where she had been superintendent of the General Hospital. During the years of her regime, the Public General Hospital at Chatham has doubled its bed capacity and trebled its enrolment of student nurses. Not only have there been changes and improvements in equipment, but many additions have been made to the plant, two of the finest being the new main building opened in 1939 and the new nurses' residence which will perpetuate Miss Campbell's memory.

The residence will accommodate up to 85 nurses in the most comfortable and homelike atmosphere. (Incidentally, the building of the residence has released some 30 more hospital beds to the public, as formerly it had been necessary to house some of the nurses in the hospital proper.)

The Nurses' sitting room on the first floor is beautifully and tastefully furnished, including a piano, easy chairs, etc. Off the sitting room is the Nurses' Library, which contains tables, desks, comfortable chairs and wall shelves which reach from the floor to the ceiling. Adjoining it is the Technical Library, which is similarly arranged.

Above:

Main Entrance.

Left: Miss Priscilla Campbell (right) receiving the key to the Residence from Miss A. M. Munn, Director, Department of Nurse Registration, Province of Ontario and Mr. C. D. Sulman, Chairman of the Hospital Board.

Large Classroom

A feature of the residence is the classroom, with seating capacity for about 60 students. There is an annex to the room which can be divided off to simulate a four-bed hospital ward, complete with all necessary equipment. Thus practical training can be combined with didactic instruction.

A large recreation room has been set up for the students, furnished

Above: Nurses' living-room.
Right: The library.

with piano, ping-pong tables, etc. The adjoining kitchen can be used for light snacks or for parties when the nurses are entertaining friends.

The Bedrooms

The bedrooms are a good size, and have been attractively finished in cheery colours. Each floor of the building has been provided with laundry and kitchen facilities, washrooms and sitting rooms. At the rear of the residence, overlooking the river, sun porches have been built, complete with swing and deck chairs.

Many of the furnishings were presented by good friends of the hospital, including the Junior Hospital League, the North Harwich Assisting Society and the Ladies' Assisting Society of Chatham. The residence will accommodate a total of 75 student nurses and 10 graduate staff.

A typical nurse's bedroom.

Hospital to be Built by University of Montreal

It has been announced from Montreal that $1,500,000 will be spent on a hospital which will be part of the new University of Montreal. The announcement was made jointly by Most Rev. Joseph Charbonneau, archbishop of Montreal and the Hon. Henri Groulx, provincial minister of health and social welfare. The hospital will house both the radium institute for the research and treatment of cancer and the orthopaedic institute, as well as serving as a teaching hospital for the University.

Obiter Dicta

The Health Insurance Situation

THE developments, or lack of them, at Ottawa have left the present status of health insurance somewhat uncertain. In many quarters there seems to be a widespread impression that the issue is dead. This may be based upon reliable information, but we are more inclined to believe that it is either based upon a limited knowledge of present-day trends or an evidence of wishful thinking upon the part of those so inclined. The Hon. Cyrus MacMillan, in submitting his Committee's report to the House, reported certain changes in the Draft Bill, not of serious import from the angle of the hospitals or professional groups, and recommended the reference of the Bill to the proposed Dominion-Provincial Conference. As that Conference has been postponed indefinitely, the whole project, from a Federal angle, is "up in the air". If the Liberal Government be returned in the forthcoming election, it is quite conceivable that the present Bill may be continued as the basis of study. On the other hand, if another party takes over the reins it is most likely that the new government will desire to make a new approach to the subject. Whether the next approach would be as fair to hospitals, or more so, is a point which only time can clarify. Voluntary hospitals are facing a threatening sky and a hesitant barometer.

At the moment the spotlight is shifting to the provincial sphere. In Saskatchewan the C.C.F. Government has named its Health Services Commission; its policies and proposals will be awaited with interest. In Manitoba a Commission has been set up under the Medical Services Act. This Commission is now functioning. In Alberta the Maternity Hospitalization Act providing free maternity care in hospitals is now in operation and will obviously lead to broader legislation. In Ontario, the Municipal Health Services Board has been named and is preparing to authorize contracts for medical, hospital or other services at the municipal level. Quebec and other provinces are actively planning developments in varied degree, and the five Blue Cross and other hospital and medical plans are growing apace. No, the whole subject is very much alive and warrants continued study on the part of everybody interested in the future of our health services.

Blood Donor Clinics after the War

THE Red Cross Society has been asked, "Should the blood donor clinics close down after V-Day?" The answer has been an emphatic "No!" No, for several reasons: V-Day may mean the end of hositilities in Europe, but there will be many critically wounded fighters needing blood for many months to come; blood will still be needed for the suffering millions of dispossessed people; and the war against Japan, for which blood will still be needed,

may continue for some time. Donors are urged to continue their contributions just as at present.

But what of the day when the final victory and the subsequent rehabilitation of its victims will have been achieved? Should this highly-organized service, developed after untold effort, be permitted to dissolve, or should efforts be made to convert the blood donor service to our peacetime needs?

The suggestion has been made that it might be possible to perpetuate this nation-wide service as a sort of national blood bank from which blood could be obtained as required for civilian use.

This idea is well worthy of serious consideration. Blood and blood derivatives have become widely recognized as one of our most valuable therapeutic aids. In holocausts like those at Boston and St. John's the call was for blood and still more blood. To whole and citrated blood have now been added liquid and dried plasma and serum derivatives. Both dried serum and dried plasma have proven their value on the battlefield. Now we are utilizing the globulins with their vital antibodies to treat or prevent various infections. Even the discarded blood corpuscles are being resuspended for transfusion purposes and used in other ways.

Many of our leading hospitals have set up blood or plasma banks of their own, but this facility is beyond the reach of the great majority of our hospitals. Only our larger hospital have a pathologist, and a surprisingly large number do not have a trained technician or more than a very rudimentary laboratory. This is because we have so many small rural hospitals. Transfusions in these hospitals are an event, and only fresh whole or citrated blood can be given, frequently after much delay and with some doubt as to the grouping. If a blood derivative, more easily given and with less danger, could be obtained from a nearby distributing point—just as penicillin is obtained now—it is obvious that more transfusions would be given and proportionately more lives saved.

This is a possibility that might well be explored, both by the Red Cross Society and the hospitals. Many details such as payment by paying patients, storage, etc., would need to be arranged, but these are of secondary importance. The really urgent point is that this policy as to the future should be clarified before the smooth-running machinery of the blood donor service begins to slow down in the post-war period.

The Dismissal of Alexis Carrel

WHEN such a famous scientist as Alexis Carrel is labeled as a collaborationist by the restored French Government and is dismissed from his post as head of the "Alexis Carrel Foundation for the Study of Human Problems", the news comes as a bit of a shock to those who have long known his reputation as a scientist and to the thousands who have become acquainted with him through his well-known book "Man, the Unknown". Science is international and its leading investigators are almost invariably content to seek truth where it can be found and to leave struggles for material gain to the financier and the politician. Nobel Prize winner before the last war, Carrel had made many notable contributions to the advancement of medical science. One of his early experiments known to every medical student in by-gone days was that of keeping alive, year after year, the pulsating heart muscle of a chicken. Steadily growing in its physiological bath, it required regular pruning to keep down its size. This led to his later work with Charles Lindbergh in keeping alive isolated human and other hearts.

Apparently Carrel shared the views of the Nazis that supermen could be developed by the Nazi formula. Certainly in "Man, the Unknown" Carrel was noticeably critical of the less direct, more circuitous way by which the democratic form of society achieves its goal, be it political or biological. He believed in rule by a governing class, and concluded that the ideology of democracy was "a fallacious dogma". It has been stated that in advocating and later directing an institute where the production of supermen could be studied, he agreed that the task would be easier "if we could kill off the worst of the pure races and keep the best, as we do in the breeding of dogs". One has sympathy with his idea of improving the human race, a concept which is almost completely overlooked in our prevailing attitude towards marriage and social welfare, but our Christian principles would never let us degenerate to the barbaric practices of the Hun.

One can but conclude that Carrel has been a scientist of the cold, impersonal type, whose vision of a superrace is founded less upon a love of man than upon a desire to use man as a more gigantic guinea pig than has ever been attempted before.

It is doubtful if the partnership of Carrel and Lindbergh was good for either of them.

Hospital Unions

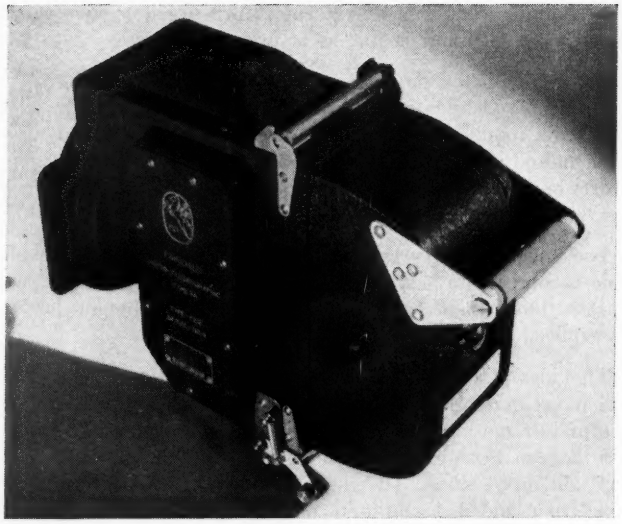
LABOUR organizers are now busily engaged in organizing hospital employees into trade unions in a number of eastern hospitals. In one large city agitators from the United States have been urging unionization, and we have been informed that members have been offered a dollar for every fellow-employee whom they induce to enroll. The "militant" nature of the unions in other hospitals is being commended.

It has been stated that unionization is meeting with favour among some of the recently-appointed and but partially-skilled employees, who fear that they may lose their jobs when the more experienced employees who have enlisted come back from overseas. As many hospital boards have assured their employees who have voluntarily enlisted that they would be re-employed upon their return, a problem may arise should such unions oppose the re-instatement of returning men and women in their former positions.

New Camera

Designed for Larger-Scale

Chest Surveys



The Photo-Fluorographic Camera.

A NEW piece of equipment is about to be announced which will be of particular interest to those interested in large-scale tuberculosis surveys. Its promoters feel that it may go a long way towards solving certain problems related to the camera recordings of X-ray images. Moreover it may have a very wide field of application in the radiological inspection of metals.

There has been a wide difference of opinion among military and industrial physicians interested in tuberculosis studies as to the relative values and limitations of the 35 mm. images taken on ordinary professional movie film in miniature cameras and images on 4'' x 5'' film. What one may gain in economy of operation it may lose in lack of definition on enlargement. In this new development a middle course has been adopted, whereby an intermediate size of film, 70 mm., will be used in a special camera adapted from equipment developed for aerial camera work in warfare.

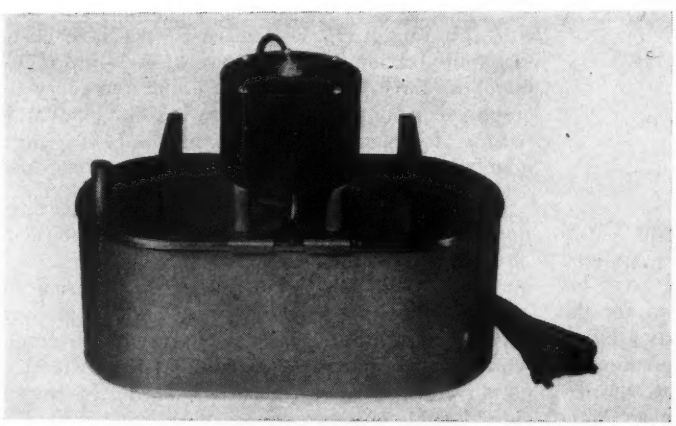
The ideal of a properly-engineered unit, to consist of a special automatic camera, an extreme aperture lens, suitable mounting facilities, automatic processing and, finally, a power plant designed for this express service to function efficiently with a simple tube type, was evolved by Arnold C. Burke of Toronto, president of the Burke Electric and X-ray Company Limited, with the collaboration of Dr. G. C. Brink, Director, Department of Tuberculosis Prevention, Ontario Department of Health, and Dr. W. C. Kruger, Director, Department of Radiology, Toronto Western Hospital.

The Fairchild Aviation Corporation of New York City, who have provided the great bulk of the extremely precise aerial cameras used in this war, as well as other highly technical equipment, was approached and immediately instituted a survey of the field on this continent. From this survey it was obvious that an urgent need existed for equipment engineered throughout for this special application.

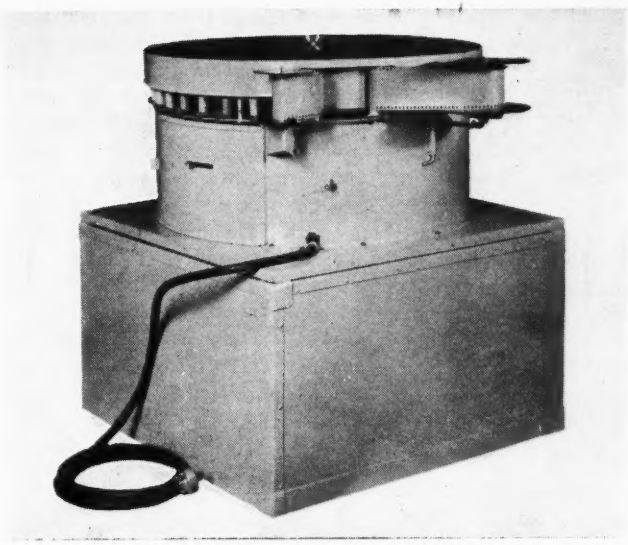
This new apparatus will be known as the "Bexco-Fairchild 70 mm. X-ray Equipment." The camera, which will have a weight of approximately 30 pounds, will use 70 mm. films in rolls of 100 feet, to provide approximately 300 exposures per roll, with provision for single film exposure for test or calibration. Operation will be automatic, using an aviation type electric drive built in with the necessary limit and signal controls.

The 70 mm. film is unperforated to permit a useful image size of approximately 2½'' x 2'' with positive register of ¼'' in 100 feet. Focusing provision for enlarging the image size on children will be provided. Loaded magazine can be fitted ready to use in ten seconds.

The lens, computed for this equipment by a prominent Canadian physicist, will have the extreme aperture of F. 1.4 effective at designed focal distance, and a resolution in excess



The Developing Tank.



The Film Drier.

of standard over image area. Each of the seven elements will be coated by a new process to minimize reflection loss.

For the above unit, with associated screen assembly, the Burke Electric and X-ray Company will provide a mounting actuated by electro-mechanical modulating control to quickly and accurately position the camera, and a similar mounting will automatically centre the tube assembly.

Control of the actual exposure may be by means of a conventional synchronous timer, or by photoelectric relay to compensate for variations in density.

Two essential types of unit will be provided, one for mobile or travelling chest clinics, with the equipmnt contained in fibre trunks, the other will be for permanent installation in chest clinics, institutions, industrial plants, etc. For mobile work, a special light weight engine-generator unit is under design and as available will reduce very substantially the weight of such equipment where power is a problem.

Viewing equipment affording new convenience and comfort for the diagnostician will be provided with a fluorescent light source and a specially designed lens of 2 x with stereo provision, optional, of the aerial survey type.

Processing of the 70 mm. film will be provided by a special motor actuated tank system as used by the aerial forces.

Comparison of operational costs, considering all the factors involved, suggests that a saving of approximately 60% can be expected in time, energy, tube life technical supervision, service and cost as compared with 4″ x 5″ film.

Cost of the camera and processing equipment is tentatively estimated at approximately $3,600.00. Where a complete unit is required, there will be available in the near future the new Bexco 100 M.A. full wave unit for 25-50-60 cycle operation, which will adequately energize a suitable fine focus stationary anode tube and effect substantial saving in initial and maintenance costs by comparison with the 200 M.A. rotating anode tube required by present technique.

Since the Fairchild people made their survey, several well-known x-ray firms have taken up the idea of 70 mm. special equipment and we understand that two of these machines have been set up and were on exhibit at the joint meeting of the Radiological Societies in Chicago at the end of September. Although it has been hoped that delivery could be initiated this month, it may be some time before full equipment is available in other than limited numbers.

More Narcotics Stolen

Some 45,300 tablets of morphine, heroin, codeine and pentapon were reported stolen from the dispensary of the Gravenhurst (Ontario) Sanatorium last month. This is another to be added to the long list of hospital robberies of narcotics in this country.

Of as much concern to the authorities as the availability of these stolen sources to the illicit trade is the fact that these amounts have been removed from the legitimate stores. Each year during the war the amount of narcotics obtained has been considerably less than the amount used. This deficit has grown with each year. Last year we received 10,000 ounces less than we used and this year it is anticipated that our receipts of new stock will be 16,000 ounces less than the amount used. This simply cannot go on indefinitely, and it has been possible for our hospitals and the professions to obtain stocks of narcotics only because of certain pre-war reserves set up.

Hospitals are again urged to check carefully (a) their storage protection of all narcotics; and (b) any possible weak spots in their routine of requisition and distribution. We are not now dealing with the ordinary low-I.Q. addict; we are dealing with highly-organized professional narcotic rings, on to all the tricks of the trade.

Penicillin Stolen

Last month a large hospital in Ontario reported the theft of a considerable supply of penicillin. This is probably the first instance of penicillin being stolen from a hospital in this country. An ampoule was taken at a medical convention in May.

The hospital released to the press a statement that the penicillin was of no value to those who had taken it and that its loss might readily mean very serious consequences to some sick individual who would not be able to obtain penicillin treatment because of the theft of the hospital's supply. In a few days the package was returned—postage due. The superindent has since had the material tested for foss of potency due to its being taken off ice for several days.

Many Mis-statements Respecting Health and Health Care

Wrong Impressions Given to Public

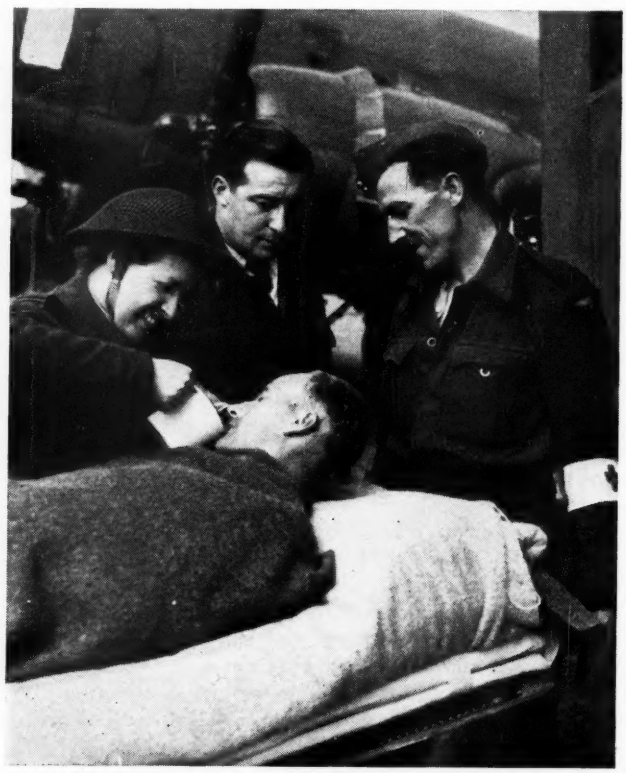
IT is unfortunate that so many mis-statements are made from time to time respecting the health of the people and the facilities existing for their care. We encounter this continually in the press, on the air, and in political utterances. Political speakers have a tendency to exaggerate grossly any situation from which political capital may be gained.

Prior to the recent Provincial elections in Saskatchewan, large advertisements in the press, in this case sponsored by the C. C. F. party, carried statements which could not be disregarded. Dr. J. F. C. Anderson of Saskatoon replied to these statements on behalf of the College of Physicians and Surgeons of that province. The statements made in these advertisements and by party leaders "either display inexcusable ignorance or are deliberate misrepresentations of the facts for political purposes." His reply was published in full in the August issue of the *Canadian Medical Association Journal,* and is here abstracted, for we feel that it is advisable that the hospital field as a whole should have the answer to many of these mis-statements which are freely bandied about wherever malcontents with the progress of health care evolution get together or can find an audience.

The C.C.F. said that "preventive medicine is almost completely neglected. The result is an incredible amount of avoidable sickness, with all its consequent pain, economic waste, destitution and premature death". Actually the general rate for Saskatchewan of 6.8 per 1,000 in 1942 is the lowest in the Dominion, and is ample evidence of the fact that Saskatchewan is second to no other Province in preventive as well as curative medical services. Dr. Anderson then goes on to review many of the achievements of the Saskatchewan Public Health Department in respect to preventive medicine.

The C.C.F. stated that "one mother out of three who dies of childbirth in this Province could be saved—over one-quarter of childbirths in this Province are not attented by a doctor". The Minister of Public Health replied in the *Regina Leader Post* on March 8th that "not since 1934 have 25 per cent of the birth, in the Province been unattended by doctors. Each year the percentage has been dropping, and the latest figure available shows that only 16.16 per cent of the births were unattended by doctors and over 60 per cent of all babies born are born in hospitals. Saskatchewan is the third lowest province in the Dominion with regard to maternal mortality." During the period 1936 to 1940 Saskatchewan had the lowest mortality rate in Canada. The maternal death rate for cases conducted in Saskatchewan hospitals was at the very low figure of 2.3.

(Continued from page 90)



A familiar scene when the Air Force and Army display another phase of their close co-operation in the air evacuation of casualties. Here a soldier is being attended to by three members of the R.C.A.F. Mobile Field Hospital before being placed aboard a Dakota ambulance plane and flown to England. The hospital trio are, left to right: Nursing Sister Mildred Soper of Wiarton, Ont., S/L Louis Lowenstein of Montreal, and A.C. 1 Sydney Hewer, R.A.F. medical orderly of Leamington, Herefordshire.

(Victory Bonds make this possible.)

With the Hospitals in Britain

By "LONDONER"

C. E. A. Bedwell

Dear Mr. Editor:

A lull in the hospital political discussions provides a welcome opportunity to bring to the notice of your readers an interesting piece of work.

Among the hospitals of London the Royal Masonic Hospital holds an exceptional position. It had its origin in the War of 1914 to 1918 when, after being used for the men of the services, it was decided to establish a hospital to meet the especial needs of Freemasons. In those days the hospital accommodation available was intended for the use of the poor, who had little or no means to make any payment. There was practically no place for the self-respecting citizen, who needed hospital treatment and desired to pay for it to the best of his ability. In one respect the Hospital can claim to be a pioneer enterprise of the "Paying Bed Movement" in general hospitals.* The aim, as stated by Brother Thorpe, one of the Founder Secretaries, was "to give the self-respecting brother who wanted to pay his way in accordance with his means and who would otherwise be a burden on a general hospital an opportunity of paying the cost of an ordinary hospital bed and something to the surgeon in accordance with his slender means. The Hospital of the Craft gave him great value for his money, but that was quite another matter. It was one of Masonic Hospitality."

Hospitality has been displayed indeed on a bountiful scale. There is justification for placing it, as experts —medical and architectural—have done, among the finest hospitals in existence at the time of its erection. Normally it contains between 180 and 200 beds in 4-bedded and single-bedded wards. The two main sections for children consist of two wards of 8 beds each—one for boys and one for girls. The liberal use of glass throughout the building gives an impression of brightness and light though at the present time through air-raid precautions which have necessitated the closing of apertures, there is a sad gloom. In peace time the ward blocks look out on to a lily pond. Although there has been a considerable amount of destruction in the immediate neighborhood the hospital happily, has escaped loss of space, though windows have been broken by blast on an extensive scale.

The internal equipment has been provided in the same generous manner, so that whether it is in the operating theatres or in the kitchens, those engaged in them have the latest apparatus at their disposal. Naturally, therefore, the hospital has obtained a great reputation among Masons, which has led to a demand beyond the original purpose. Masons who have adequate means to pay the full cost of the accommodation available have sought to be accepted as patients. Provided that there is a bed available without keeping out any one for whom the hospital was originally intended, they are allowed to receive admission.

As the contributions of the Hospital to the nation's need the accommodation has been extended and one hundred beds placed at the disposal of the Government for the men in the Forces without any payment from State funds. Among those received have been sick and wounded from the Allied Forces.

Recently it was my privilege to attend a brief though impressive ceremony which takes place every morning throughout the year at 11 a.m. Preceded by a porter carrying a wand, the Matron proceeds to the main hall of the Hospital. where there stands a case with a glass top. In it there is a book containing a list of all the Lodges which subscribed to the founding of the Hospital. Each day she turns a page, so that the Founder Lodges are regularly remembered at intervals of about three times in the year.

When we are having to think about memorials for the Fallen, it is clear that this daily remembrance is full of suggestion, and is capable of development. At Woolwich, where there is a hospital built as a memorial to men who fell in the last war, there is a similar list with a perpetual light burning before it. I have no doubt that there are others in this country and overseas, and the present time seems opportune to recall them. The inscription of names in a book is supported by Scriptural authority and the turning of the leaves is a simple method of keeping memories alive and enabling those who share the memory to take part in the remembrance ceremony.

A Royal Visit

The Duchess of Kent, who is indefatigable in her interest in good works and especially in hospitals, recently paid a visit to the Hospital and gave special attention to the wounded men from the Services. The other members of the Royal Family, who have not suffered the same grievous loss, hardly allow a day to pass without their cheering presence to further some such undertakeing. The latest addition to this group is the Princess Elizabeth, who made a perfectly charming speech upon her first appeaarnce as the President of the Children's Hospital bearing the name of her Royal Mother.

**Until recently very few of the large well-known hospitals in London and other large centres of Great Britain had accommodation for other than public patients. Private patients went to "nursing homes". In Canada we have long housed both public and private patients in the same hospital.*

Here and There

By the Editor

The Last Resort

Our hospitals are facing a desperate problem in maintaining their personnel and our government is making special efforts to meet this demand. We have not got to the point, however (or at least we so hope) reached by the hospitals of Melbourne, Australia. In June the local press reported the police court trial of several young women, charged with vagrancy, who had been found in immoral circumstances with drunken coloured soldiers. Nearly all the women were married and some admitted previous convictions.

"One girl promised to behave herself in future (and) to take on a job at the Royal Melbourne Hospital." This offender, according to the press report, was then released on probation.

The Editor of *The Hospital Magazine* published in Melbourne objected very strongly to this action in his August issue. The serious staff shortage would not be relieved by foisting on the hospitals women convicted in the police courts. The reading of such action in the daily press would but add to the staffing difficulties.

* * *

Another Good Way to Make Friends

Dr. Harry Pollock, superintendent of the Massachusets Memorial Hospital, Boston, told us of a routine procedure now being followed by his and several other Boston hospitals whenever a baby is born to the wife of a man on military service. While the patient is still in hospital a photographer comes in and photographs the proud young mother and the new arrival. This photograph is then finished up with an attractive folder and sent to the father, wherever he may be, with the compliments of the hospital. The letters of acknowledgment indicate how deeply this thoughtfulness is appreciated.

* * *

"That's My Story . . . ."

G.F.S. vouches for this one:

A female laundry press worker in a commercial laundry reported for duty after a week's absence for which she did not give any reason or excuse. When the foreman asked her why she had not been to work she merely replied that she "couldn't". On being pressed for something more definite she replied: "Alright, if you really want to know I'll tell you. Out where I live they are making alterations in the house. They took out the stairway and naturally I couldn't come to work!"

—and she looked him right in the eye. Moral: Better not to be too inquisitive these days about the other person's business.

* * *

A Pioneering Doctor

For his presidential address at the meeting this year of the Medical Society of Nova Scotia, Dr. J. C. Wickwire of Liverpool told the story of Dr. Henry Greggs Farish, one of a long lineage of notable practitioners in Nova Scotia and elsewhere, whose ministrations began in Yarmouth 140 years ago and still continue in Nova Scotia, in British Columbia and in our present Navy and Army.

This particular Dr. Farish settled in Liverpool, Nova Scotia, in 1850, and was a man of many parts. One of his particular interests was the care of cemeteries, for he urged: "The cemetery is God's acre, the resting place of . . . men and women who were noble people, who strove in their own sphere to make this town respected and honoured, and in their private lives were irreproachable". A stranger making a tour of Liverpool on one occasion noticed on the gate of the old burying ground a sign: "The keys of this cemetery may be found at the office of Dr. Farish." On further inspection of the town he discovered a similar inscription on the gate of the Trinity Church Cemetery. To a townsman the stranger remarked: "This is the most honest doctor of whom I have ever heard."

A member of his family tells another story. A man, after drinking from a brook (not a bottle) became obsessed with the idea that he had swallowed a frog, and nothing could convince him that he had not. This obsession was having a serious effect on his mind and physical condition. The doctor conceived the following plan: he procured a small frog, which he put in his pocket. Upon arrival at the house he gave the patient an emetic, and while this was having its effect he slipped the hopping frog into the basin. Such optical evidence achieved the desired cure immediately.

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Approved Internships Open Only to Students from Approved Colleges

List of Approved Medical Schools

Hospitals approved for internship by the Department of Hospital Service of the Canadian Medical Association are listed on the understanding that they will not accept for internship graduates from medical colleges in Canada or the United States other than those which have been approved by the Council on Medical Education, Licensure and Hospitals of the American Medical Association.

In answer to numerous inquiries from hospitals, the list of approved medical schools in these two countries is here published.

This reciprocal arrangement in the two countries applies only to graduates of medical schools in Canada and the United States. As there is no comparable listing of British and Continental schools, graduates of favourably-known medical schools in other countries may be accepted without jeopardizing the standing of the hospital.

ARKANSAS

University of Arkansas School of Medicine, Little Rock.

CALIFORNIA

University of California Medical School, Berkeley-San Francisco.
College of Medical Evangelists, Loma Linda-Los Angeles,*
University of Southern California School of Medicine, Los Angeles.*
Stanford University School of Medicine, Stanford University-San Francisco.*

COLORADO

University of Colorado School of Medicine, Denver.

CONNECTICUT

Yale University School of Medicine, New Haven.

DISTRICT OF COLUMBIA

Georgetown University School of Medicine, Washington.
George Washington University School of Medicine, Washington.
Howard University College of Medicine, Washington.

GEORGIA

Emory University School of Medicine, Atlanta.
University of Georgia School of Medicine, Augusta.

ILLINOIS

Loyola University School of Medicine, Chicago.*
Northwestern University Medical School, Chicago.*
Rush Medical College, University of Chicago.†
University of Chicago, The School of Medicine.
University of Illinois College of Medicine, Chicago.

INDIANA

Indiana University School of Medicine, Bloomington-Indianapolis.

IOWA

State University of Iowa College of Medicine, Iowa City.

KANSAS

University of Kansas School of Medicine, Lawrence-Kansas City.

KENTUCKY

University of Louisville School of Medicine, Louisville.

LOUISIANA

Louisiana State University School of Medicine, New Orleans.
Tulane University of Louisiana School of Medicine, New Orleans.

MARYLAND

Johns Hopkins University School of Medicine, Baltimore.
University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore.

MASSACHUSETTS

Boston University School of Medicine, Boston.
Harvard Medical School, Boston.
Tufts College Medical School, Boston.

MICHIGAN

University of Michigan Medical School, Ann Arbor.
Wayne University College of Medicine, Detroit.*

MINNESOTA

University of Minnesota Medical School, Minneapolis.*

MISSOURI

St. Louis University School of Medicine, St. Louis.
Washington University School of Medicine, St. Louis.

NEBRASKA

Creighton University School of Medicine, Omaha.
University of Nebraska College of Medicine, Omaha.

NEW YORK

Albany Medical College, Albany.
Long Island College of Medicine, Brooklyn.
University of Buffalo School of Medicine, Buffalo.
Columbia University College of Physicians and Surgeons, New York.
Cornell University Medical College, New York.
New York Medical College, Flower and Fifth Avenue Hospitals, New York.
New York University College of Medicine, New York.
University of Rochester School of Medicine and Dentistry, Rochester.
Syracuse University College of Medicine, Syracuse.

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*Hospital internship required for graduation.

†Last class graduated June, 1942.

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and Richard

and William

and James . . .

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NORTH CAROLINA

Duke University School of Medicine, Durham.*
Bowman Gray School of Medicine, Winston-Salem.

OHIO

University of Cincinnati College of Medicine, Cincinnati.
Western Reserve University School of Medicine, Cleveland.
Ohio State University College of Medicine, Columbus.

OKLAHOMA

University of Oklahoma School of Medicine, Oklahoma City.

OREGON

University of Oregon Medical School, Portland.

PENNSYLVANIA

Hahnemann Medical College and Hospital of Philadelphia.
Jefferson Medical College of Philadelphia.
Temple University School of Medicine, Philadelphia.
University of Pennsylvania School of Medicine, Philadelphia.
Woman's Medical College of Pennsylvania, Philadelphia.
University of Pittsburgh School of Medicine, Pittsburgh.

SOUTH CAROLINA

Medical College of the State of South Carolina, Charleston.

TENNESSEE

University of Tennessee College of Medicine, Memphis.
Meharry Medical College, Nashville.
Vanderbilt University School of Medicine, Nashville.

TEXAS

Southwestern Medical School of the Southwestern Medical Foundation, Dallas.
Baylor University College of Medicine, Dallas.
University of Texas Medical Branch, Galveston.

UTAH

University of Utah School of Medicine, Salt Lake City.

VERMONT

University of Vermont College of Medicine, Burlington.

VIRGINIA

University of Virginia Department of Medicine, Charlottesville.
Medical College of Virginia, Richmond.

WISCONSIN

University of Wisconsin Medical School, Madison.
Marquette University School of Medicine, Milwaukee.

CANADA

University of Alberta Faculty of Medicine, Edmonton, Alta.*
University of Manitoba Faculty of Medicine, Winnipeg, Man.*
Dalhousie University Faculty of Medicine, Halifax, N.S.*
Queen's University Faculty of Medicine, Kingston, Ont.
University of Western Ontario Medical School, London, Ont.
University of Toronto Faculty of Medicine, Toronto, Ont.
McGill University Faculty of Medicine, Montreal, Que.
University of Montreal Faculty of Medicine, Montreal, Que.*
Laval University Faculty of Medicine, Quebec, Que.

*Hospital Internship required for graduation.

Ontario Conference, C.H.A., to Meet in Toronto

The twelfth Annual Convention of the Ontario Conference of the Catholic Hospital Association will be held at St. Michael's Hospital in Toronto on October 17th.

The convention will open with the celebration of Mass in the chapel of the hospital by the Rev. M. Mogan. Following the invocation by the Reverend F. J. Brennan, S.T.L., Conference Chaplain, the delegates will be addressed by Reverend Mother Margaret, Superior of St. Michael's Hospital. The Reverend Alphonse M. Schwitalla, S.J., will bring greetings from the Catholic Hospital Association.

A short business session will be followed by the President's address, given by Sister M. St. Elizabeth of London. The reports of the various Standing Committees will be given and discussed.

At 10.30 the delegates will be privileged to hear an address by the Honourable R. P. Vivian, M.D., Minister of Health for Ontario.

The Reverend L. J. Bondy, C.S.B., will discuss "The Hospital To-day from the Viewpoint of Eternity".

The afternoon will be devoted to discussions by outstanding speakers of current problems facing hospitals and hospital administrators. "Good Public Relations in Hospitals" will be the subject of Mr. M. R. Kneifl's talk. Mr. Kneifl is Executive Secretary of the Catholic Hospital Association. Mr. Michael O'Sullivan, biochemist of St. Michael's Hospital, will speak on biochemistry in hospitals. Following a discussion on clinical teaching, Mr. James C. Brady of the Dominion Bureau of Statistics at Ottawa will address the delegates on "The Need for Accurate and Uniform Accounting Methods". Mr. Brady is Chief of the Institutional Statistics Branch, and his address should prove very helpful.

The evening session will open with the Benediction of the Most Blessed Sacrament by His Excellency the Most Reverend J. C. McGuigan, D.D., Archbishop of Toronto. Speakers will be His Excellency the Most Reverend J. R. MacDonald, D.D., Bishop of Peterborough, and Dr. Harvey Agnew, Secretary of the Department of Hospital Service of the Canadian Medical Association.

Plan New Hospital for Ingersoll

Initial steps have been taken to provide a new hospital for Ingersoll. A committee from Alexandra Hospital Trust called upon the Department of Health and the Ontario Department of Planning and Development. Various angles in connection with the situation were presented to the two departments by the committee and the next move in connection with the project will be to obtain plans of the proposed building and an estimate cost.

Propose New Nursing Home for Aged and Infirm

The Health Committee of the Winnipeg City Council have instructed the medical health officer, Dr. M. S. Lougheed, to have an appraisal made of the children's home on Academy Road with a view of buying it for a nursing home for aged and infirm people. It is estimated that the children's home would provide accommodation for between 200 to 300 persons.

Work on the new St. Joseph's hospital at Guelph will commence just as soon as the government approves the plans. Copies of the plans were forwarded to the provincial and federal governments sometime ago, and all other arrangements have been completed.

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The Small Community Hospital and Postwar Medical Education

POSTGRADUATE teaching may be divided roughly into two kinds; one taking place in the physician's home setting; the other away from home, generally at a medical teaching centre. Neither fills the bill by itself. They are definitely complementary.

Men who have been carrying on on their own are better prepared for medical school courses because their perspective is sharpened, and after such a course they can carry out their own self-education at a new level.

The community hospital provides a setting for fostering the physician's self-education. His process of learning can go on day by day and can be shared by all the physicians of the community. The individual patient now under care may hold a bigger lesson that the most profound formal exercise and in discussing the case with his colleagues he becomes teacher as well as student—a position most conducive to learning.

Under what conditions in the community hospital does this process of self-development flourish, and how may they be assured? The physician must be privileged to work to the limit of his training and ability, and the hospital must be open to any of his patients, whether bed or ambulatory. His clinical study must be supplemented by expert laboratory experience and he must have free and easy excess to his fellow practitioners on a basis which makes mutual criticism seem right and natural. Finally, he must be able to call at need on skills and and knowledge greater than his own or his associates'.

It takes an intelligent board of trustees and staff to make their hospital a medical centre. Of two hospitals having apparently identical standards, one may be permeated with an educational atmosphere and the other entirely devoid of it. In the educational hospital staff appointments and privileges are based solely on the welfare of the patients and the physician's qualifications. Technical departments are operated for service, not for profit. Professional rules and regulations provide the maximum incentive for the physicians to learn while serving. They provide for regular staff meetings, medical cases records, review of deaths, consultations, useful recourse to laboratories and X-ray, autopsies and routine pathology. In this setting the physician has full opportunity for self development. He can study his patients completely; he can check his observations by objective tests; he can compare notes with his colleagues; he can profit by analysis of post-mortem findings.

But there comes a time when this process can be accelerated by certain stimuli; some from within, and some from without the hospital. Concrete evidence that staff education is a basic policy is evidenced by expenditures for such items as medical library, teaching equipment for staff room, honoraria for guest teachers, and, when needed, free hospitalization of patients for study purposes. Any sound and lasting educational programme must have the full backing and sympathy of the board of trustee, and it is a wise board which regularly budgets for educational expense.

Modest funds are adequate to provide the library with a judicious selection of books and journals. Others may be contributed, or the library may act as a medium of exchange of literature between members of the hospital staff. The cue to the development and use of the library may come only with a guest speaker demonstrates its use to him. Similarly the guest speaker may stimulate medical record keeping by asking about the prevalence of certain diseases, or by noting a lack of evidence in support of a given diagnosis.

The guest speaker can do much even in a short visit to aid the educational programme, and the longer he stays the more he can do, both in formal rounds and in informal discussion of individual cases or of certain conditions presented by them.

Another valuable agency is regional extension teaching, especially if lectures and clinics are held in hospitals.

But the time will come when the physician interested in his own education must leave home for study in a medical school or centre. The more consistent he has been in his own self education the more he will profit by such refresher course. In any case the self-development of the doctor is fundamental to good postgraduate education—a fact so obvious that it is too often taken for granted.

(By Lester J. Evans, Medical Associate, the Commonwealth Fund, New York. Condensed from the "Journal of the Association of American Medical Colleges", by the Hospital Abstract Service.)

A. C. S. Cancels Congress

The Board of Regents of the American College of Surgeons has announced the cancellation of its Annual Clinical Congress because of the acute war situation and the increased demands upon the transportation systems of the United States.

Effect of Health Insurance on the Demand for Health Service

HOW will the introduction of health insurance influence the demand for health services? In an endeavour to find some factual evidence applicable to this vital question, Mr. L. Richter, Director of the Institute of Public Affairs at Dalhousie University, presents some interesting data in the May issue of the Canadian Journal of Economics and Political Science.

Mr. Richter compares the health statistics of two centres in Nova Scotia—one with medical services supplied very much as in most towns in Canada and the other with a high percentage of its inhabitants covered for many years by an industrial plan which is practically compulsory health insurance. The two centres are Yarmouth and Glace Bay. How do their experiences compare?

Yarmouth is a non-industrial coastal town and agricultural centre of 7,500 (at time of survey 1937-39). Wage earnings in the few industries averaged $720.00 annually, but others gainfully employed—the major group—averaged (on a spot survey) about $1,200.00. Doctors work for fees ($2.00 and $3.00 with frequent deductions) with no provision for medical care of the indigents.

Glace Bay is a coal mining town of 13,563 which for some eighty years has enjoyed a mine "check off" for medical and hospital care—practically health insurance on a compulsory basis for eight thousand miners, surface workers and families. The average yearly income for the entire survey group was $1,054.00, ranging from $920.00 for surface workers to $1,350.00 for face miners. Doctors work on panels.

The survey was confined in both areas to cases of illness receiving medical attention of some sort. The curves of age groups are closely parallel, as is also the racial origin. Families average 4.7 per cent in Glace Bay and 4.4 per cent in Yarmouth. Other comparisons and possible factors modifying the results are discussed in the original article.

Observations

In the course of a year 34 persons out of every hundred in Yarmouth received medical care compared with 48, or, leaving out the underground miners, 45 persons in Glace Bay. The saturation point under health insurance was not a factor in Glace Bay for this had long since been reached.

The number of illnesses among dependents was about twice as high as among wage-earners in both areas.

In Glace Bay a fifth of the survey families accounted for half of all illnesses receiving medical attention.

Women between 15 and 65 years in both centres have a higher incidence rate than men in all age groups —for the age groups 20 to 24 years, over twice the incidence in Yarmouth.

Most difference was noted in the medical care of children. For children up to 4 years of age, twice as much medical care was given in Glace Bay as in Yarmouth. For the age group 5 to 14 years, nearly three times as much was provided (or asked for) in Glace Bay.

In Glace Bay 34 per cent of illnesses incapacitated the wage-earner for one day or more; in Yarmouth the figure was 28 per cent.

In Glace Bay the case load involved mainly the digestive system, accidents, infectious diseases, and

	Calls per 1,000 persons		*Calls per 1,000 illnesses*	
Type of Calls	*Glace Bay*	*Yarmouth*	*Glace Bay*	*Yarmouth*
Office call	972	687	1,201	1,413
Home Call (daytime)	1,376	656	1,700	1,349
Night call	61	30	76	62
Total	2,409	1,373	2,977	2,824

Two Manitoba nursing sisters who were among the first to arrive in France: Lieut. D. Harrison, Minnedosa and Lieut. M. Vincent, Belmont. (Canadian Army Overseas Photo.)

— Buy Victory Bonds —

skin and respiratory diseases; in Yarmouth leading conditions related to the nervous system, organs of special sense (ear and eye), infectious diseases, digestive, respiratory and skin disturbances.

Under an insurance scheme, 1,000 persons receive 64 per cent more doctor's calls or visits than a similar group lacking insurance protection. Put in other words, a person in Glace Bay averaged 2.4 medical calls per year (2.1 calls if underground miners be excluded) while a person in Yarmouth received 1.4 calls. However, the services for each illness are about the same—3.0 times in Glace Bay and 2.8 times in Yarmouth.

Home visits are twice as frequent in Glace Bay. The use of hospital facilities does not affect these observations. The insured group in Glace Bay used more than twice as many drugs and more than four times as many dressings as the population of Yarmouth. In Glace Bay there is considerable prescribing of medicine without examining the patient. If these patients came to the office the amount of services recorded under the insurance scheme would rise still further.

	Illness per 1,000 persons		*Per cent excess*
	Glace Bay	*Yarmouth*	*Glace Bay over Yarmouth*
Males	850	407	109
Males, excluding underground miners	648	407	59
Females	765	557	37
Children under 15 years of age	676	292	132
Total survey group	809	486	66
Total survey group excluding underground miners	717	486	48

Conclusions

1. Health insurance is likely to bring about a considerable rise in the demand for health services.

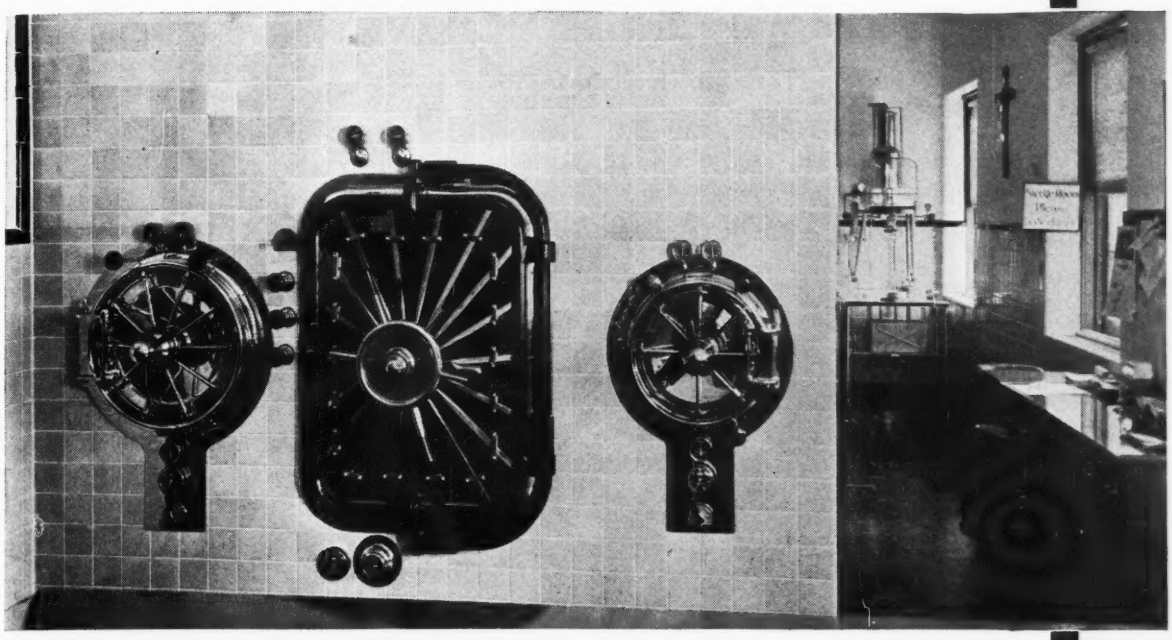
2. A higher demand level appears to be a permanent feature of health insurance as the Glace Bay scheme has been in operation for about eighty years.

3. Health insurance appears to be most beneficial for large families and for children.

4. There appears to be need under health insurance for specialist services as well.

5. Health insurance seems to bring about an excessive demand for drugs if they are obtainable without cost to the patient.

	Wage-earner	*Dependent Males*	*Dependent Females*	*Total*
Glace Bay	32.9	21.8	45.3	100.0
Yarmouth	34.4	14.9	50.7	100.0



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The Wartime Conference Ontario Hospital Association

Toronto, October 18, 19, 20

LOOKING back over the twenty-one years of conventions, we recall the first annual meeting of the Ontario Hospital Association held at the Academy of Medicine in Toronto in October, 1924, with an attendance of some fifty persons representing less than fifty hospitals of Ontario. The present record reveals 100 per cent institutional membership and a recorded attendance in 1943 of 850 persons!

Each year's programme, especially during the years of war, has included new and interesting features, always keeping in mind the problems and the varied needs of the member institutions; and following closely trends and developments affecting hospital organization, operation and service.

Study Your Programme

On **Wednesday** morning, October 18th, at 10 a.m., the convention will be officially opened by the president, Mrs. C. C. Cariss, Reg.N., the first woman to grace the office of president.

The morning session will deal with problems of special interest to all persons connected with and employed in hospital work.

At 12.30 there will be a luncheon in the Concert Hall. Dr. F. W. Routley, Executive Secretary, will present a brief report on the Association's activities, followed by an address on "Impressions of Wartime England", by Mr. M. J. B. Bickersteth, Warden of Hart House, University of Toronto, who was personal advisor on education to General McNaughton and for the last two years was Director of Army Education for the whole British Army.

Exhibits: Official opening of the exhibits will take place at this time. Never before have we had such a complete line of hospital equipment and supplies to present for the interest and information of our members. It would be well worth the time and effort to come to this meeting if you did nothing else but examine the splendid display which will be assembled for your enlightenment. We are most grateful to the exhibitors for their keen and consistent interest in the development of hospital service in Ontario.

At 2.30 p.m. there will be a session on "Public Relations and Hospital Publicity" — one of the highlights of the programme — a subject on which we hospital folk need help. We are looking forward to this session with special interest and we are happy to welcome Mr. Jon M. Jonkel, Secretary of the Council on Public Education of the American Hospital Association and Dr. George F. Stephens of Montreal, President of the Canadian Hospital Council, who will speak at this meeting.

At the close of the afternoon session, through the courtesy of the Maritime Hospital Association, we

shall see a sound film depicting the work of the Blue Cross Hospital Plan in the Maritimes.

In the evening a special meeting of vital importance to all hospital workers has been called. It is most essential, and in the interest of the hospital you represent, that you be present at this meeting.

On **Thursday** morning at 8 a.m. we shall have a Breakfast Meeting in the Tudor Room with the members of the American College of Hospital Administrators. This is the first time we have had this group meeting with us. We extend a very sincere welcome to Mr. Dean Conley, Executive Secretary of the College, and to other members who will speak to us on the work of the College.

Thursday morning will be given over to Section Meetings.

Nurses' Section: Under the chairmanship of Miss Elsie Jones a programme of special interest has been prepared. We are to be honoured with the presence of Miss Isabel Stewart, Professor of Nurse Education, Teachers' College, Columbia University, New York. Miss Stewart has made outstanding contributions to the development of nursing and nurse education and is widely known and deeply appreciated throughout Canada. It is interesting to note in passing that Miss Stewart is a daughter of Canada.

At the Noon Luncheon, Miss Marion Lindeburgh, Director of the School for Graduate Nurses, McGill University, Montreal, and the immediate past-president of the Canadian Nurses Association, will be the guest speaker. We look with interest to an enlightening and encouraging message from Miss Lindeburgh.

Women's Hospital Aids Section: Under the leadership of Mrs. O. W. Rhynas, this body convenes with a dinner meeting on Tuesday evening at 6.30 and a breakfast meeting on Wednesday morning at 8.30 in the Tudor Room with a special speaker. Sessions will continue throughout the day and on Thursday morning. For the past fifteen years the Women's Hospital Aids have been meeting with the regular convention of the Ontario Hospital Association and have added greatly to the attendance and interest of the meeting.

Dietetics Section: We are interested in the problems of dietetic service and the splendid contribution which this group of workers makes to hospital service. Their programme is of vital concern to all sections.

Medical Records Librarian Section: In these busy days in hospital, we appreciate the helpful assistance of our records librarians, and their sessions should prove of real interest to our programme.

On Thursday afternoon Dr. Malcolm T. MacEachern, Associate Director of the American College of Surgeons, will conduct a general Round Table and discussion of problems of special interest to the members. This will be followed by a demonstration staging in an entertaining manner the daily problems of hospital administrators. This will be directed by Mr. Chester J. Decker.

The General Meeting on **Friday**

morning is a special programme dealing with important phases of Post-War Planning for hospital activity and service. This will be particularly interesting. Among the speakers will be Mr. Graham Davis, director of the hospital work of the Kellogg Foundation. He will speak on hospital development in the smaller centres.

At 12.30, at a luncheon meeting in the Roof Garden the Hon. R. P. Vivian, Minister of Health, will have a message of interest to all hospital representatives.

Consultants on Administrative Problems: Arrangements have been made for you to have advice and to discuss privately your administrative problems with one or more of a group of outstanding administrators in hospital service. This is a special feature of the 1944 programme, and we know you will find this service interesting and helpful.

The Banquet in the Ballroom on Thursday evening at 7.15 is always an outstanding feature of this convention. Mr. E. T. Sterne, Chemical Controller for Canada, will present an interesting address on a timely subject to be announced in the final draft of your programme. We are to be favoured with vocal selections by Mrs. M. J. McHugh, whose delightful voice and charming presence we all know and appreciate so deeply.

Our good friend Mr. H. G. Haynes of the Robert Simpson Company has arranged a most interesting and attractive programme of moving pictures for your entertainment after the banquet.

The Programme Committee deeply appreciates the interest and splendid efforts of all who have contributed to the programme.

Plan to be present at this important meeting.

You cannot miss Wednesday, Thursday or Friday.

Make your hotel reservations without delay.

The convention headquarters is the Royal York Hotel, Toronto.

Priscilla Campbell, Reg. N.
Chairman,
Programme Committee.

New Laundry Process Utilizes Sea-Water

A process which makes use of sea-water for laundry purposes has been developed, and will soon be in use on all American Army hospital ships. During a thirty-day test period 36,101 pieces were successfully laundered with sea-water. This meant a saving of about two-thirds the linen inventory carried by hospital ships, or room for four more bed patients or ten more walking cases on each ship. The process can be installed in any ship's laundry by cutting in the salt water pipe.

P.E.I. Hospital

Dr. Wendell MacDonald has taken over as radiologist at the Prince Edward Island Hospital, Charlottetown, succeeding Dr. J. C. Houston who has been in charge of the work for the past twenty years. Dr. MacDonald is a brother of the late Captain Kenneth MacDonald, M.C., and recently returned from Montreal where he had been taking special training in radiology at the Royal Victoria Hospital.

Canadian Hospital Council Executive Holds Meeting

THE Executive Committee of the Canadian Hospital Council met in Montreal on September 22nd. Present were Dr. G. F. Stephens, Dr. A. F. Anderson, Rev. Mother Allaire, Mr. R. Fraser Armstrong and Dr. Harvey Agnew. Rev. Sister Papineau was a guest. Dr. A. K. Haywood and Dr. Joseph A. McMillan were unable to attend.

Dependents' Board of Trustees: The Executive reviewed the various association and other opinions respecting the Board's proposed modification in the agreement made with the D.B.T. last March. A reply approving certain changes was drafted and the Secretary instructed to forward such to the D.B.T. This specifically excluded the hospitals in Manitoba, which have approved a flat rate agreement. In recommending that the various associations adopt this schedule, it was agreed also that this arrangement would not be binding upon the individual hospital.

Personnel: The shortage of various types of personnel was considered and also the further courses of action which might be taken by the Council. It was agreed that the excessive inroads of certain industries into the nursing field was a greater threat to hospital operation than enlistments, and was frequently not in the national interest.

Medical Training: The setting up of facilities for the graduate training of demobilized medical officers was discussed at some length. Progress made by the Council and by the medical colleges in working out this programme under the general sponsorship of the Canadian Medical Procurement and Assignment Board were reviewed. The nomination of Dr. Stephens for membership on the C.M.P.A.B. was confirmed. A special Committee—Dr. Stephens, Dr. Piercey (Ottawa), Mr. Armstrong and Dr. Agnew—was named to represent the hospitals in this programme. Its initial activities were outlined.

It was recommended, too, that steps be taken to bring about uniformity in the dates upon which hospital internships would end.

Health Insurance: Continued study by the Committee on Health Insurance of both national and provincial developments was authorized. On motion it was agreed that the Executive should again go on record as being in favour of the contributory principle in national health insurance and of being opposed to non-contributory forms which lead inevitably to state medicine.

Post-War Blood Clinics: The possibility of having the present extensive collection of blood continued after the war for civilian use was considered. The suggestion was broadly approved, as was also a possible conference with Red Cross officials. The opinion of the Associations on the need and feasibility of this proposal is to be requested.

Restricted diets call for constant supervision

Thousands of people in this country subsist on daily menus which are restricted for one reason or another. A great many of these people are being treated for peptic ulcer, or have heart, intestinal, or urinary diseases which require careful supervision during their hospital stay and afterwards.

The diets being prescribed for these groups, while therapeutically indicated, are not uncommonly deficient in some of the essential food factors.

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UNICAP VITAMINS

Penicillin: Penicillin is now subject to a 20 per cent duty in addition, of course, to the general War Revenue Tax (10 per cent) and exchange of 11 per cent. The Federal Government is to be asked to free penicillin from the customs duty of 20 per cent.

Finance and Expansion: The report of the Secretary-Treasurer was received and adopted, also that respecting *The Canadian Hospital.* It was noted that the funds of the Council are insufficient to carry on the work and that earnings from the journal must be utilized to meet expenses. It was gratifying to note the excellent progress being made by *The Canadian Hospital.* A programme of further Council activity, contingent upon the availability of funds, was considered. The Executive discussed also the likely necessity of taking larger quarters in the early future and of expanding the Council into an Association with individual hospital membership.

Study Committees: Continuance of various Standing and Special Committees was authorized.

Post-War Construction: In view of the necessity for extensive post-war hospital construction and the desirability of encouraging such building, it was agreed that the Government be asked to make money available for this purpose at low rates of interest.

American Hospital Association: The status of Canadian members of the American Hospital Association in view of the recent revision of the fee schedule was considered. It was realized that the solution is not a ready one, but that every effort should be made to work out a solution which would maintain close contact between the hospitals of the two countries. The Executive was in agreement that the largest membership would likely result if the status of A.H.A. members in Canada were changed to that of subscribing membership. This point is to be discussed further at the forthcoming A.H.A. meeting in Cleveland.

1945 Meeting: It was agreed that a meeting of the Canadian Hospital Council should be held in 1945, possibly in May or June, at a city to be determined later.

Leave of Absence Granted for Dr. G. A. MacIntosh

Dr. G. A. MacIntosh, superintendent of the Victoria General Hospital, Halifax, has been given a prolonged leave of absence on account of ill health. Dr. MacIntosh has not been in good health for some years, and it is hoped that this rest will restore him to his former vigour. During his absence Dr. J. F. Hiltz, assistant superintendent of the Nova Scotia Sanitorium, Kentville, will act as superintendent.

Emily Post vs. Marvin Jones

Dainty table manners should be "out" for the duration. They waste too much food, in the opinion of Marvin Jones, U.S. War Foods Administrator. He believes that about 20 per cent of the nation's food is wasted, amounting to 225 pounds per person annually.

"Sop up the gravy and squeeze the grapefruit dry; pick up the bones in your fingers to get all the meat there is, and tip the soup bowl to get the last spoonful." Such is the edict of our new social arbiter.—*The Modern Hospital.*

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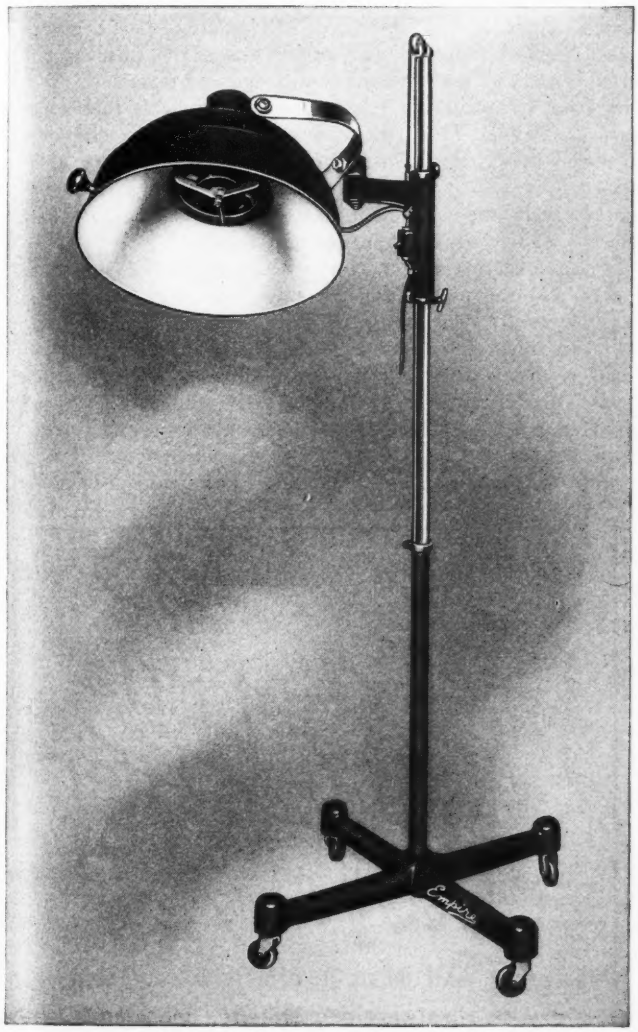

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Talcum as a Dusting Powder is Hazardous

MORE than a third of a century has elapsed since Halsted introduced the use of rubber gloves—primarily to protect the skin against irritant antiseptic solutions. From the old wet technique the dry glove technique has gradually evolved, requiring the use of a dusting powder.

Talcum was used as a dusting powder from the first and has only recently been challenged although it should be apparent that a salt of silicate or any other powder that is inert, non-absorbable, irritating and productive of foreign body, fibrotic tissue reaction should have aroused suspicion.

Studies of the harmfulness of non-absorbing irritant powders date back nearly 50 years and in the last ten years there has been considerable work emphasizing the irritant qualities of talc, when injected intraperitoneally, intrapleurally, intrapericardially or subcutaneously even to its use to produce pericardial adhesions to promote better collateral circulation in a certain type of heart disease.

In 1923 Roth reported on a case in which spilling lycopodium from a torn glove resulted in three laparotomies for adhesions. Similarly Antopol in 1933 reported 6 cases of complications resulting from lycopodium spores in the urinary bladder, testicle, kidney, peritoneal cavity, neck and female breast.

The lycopodium spore or the talc crystal forms the centre of a tubercle-like structure made up of lymphocytes, epithelial cells and the giant cells, which may show central caseation necrosis but rarely show central necrosis. The end result of these tubercles is a fibrosis producing adhesions of all types from a massive occlusion of almost the entire peritoneal cavity to mere thin adhesion bands of fixed omental strands that not infrequently caused death of experimental animals from intestinal obstruction.

There are three principal routes of entry of talcum into body cavities.

1. Failure to wash all the talcum off the surface of gloves before beginning to operate—an almost impossible task.

2. Escape of powder through accidental tears in gloves. Studies by Weed and Groves show that in 74.4 per cent of operations some gloves are torn and that 22.6% of all gloves used shows rents or tears.

3. It is highly probable that when the nurse powders the surgeon's hands from a shaker can—an atrociously bad technique—some talcum deposits on instruments, gauze, sponges and pads.

Any attempt to find a substitute for talc must recognize two fundamental considerations:

1. It must possess sufficient actual or potential solubility to be disposed of rapidly and completely by some form of peritoneal or tissue absorption.

2. It must be sufficiently insoluble

to withstand steam sterilization without losing that dusting property which prevents glove surfaces from adhering.

In search of a substitute for talc 24 substances were tried, some mineral salts and some vegetable powders but potassium bitartrate was the only one that stood both the sterilization test and did not produce pathologic lesions in the peritoneal cavities of test animals. Our work indicates that, either strewed on the viscera through a laporotomy wound or injected into the peritoneal cavity in a watery solution, potassium bitartrate was rapidly disposed of without causing even the slightest untoward toxic or physical effects in experimental animals.

Another striking advantage is its definite bacteriostatic power and that it yields no growth itself. A disadvantage is that it cannot be used on latex gloves as it does not powder them well, but renders them sticky and adherent. But it works well on the so-called pure rubber gloves. Another disadvantage is that potassium bitartrate costs a little more than talcum and that it shortens the useful life of gloves by about one third.

The technique is simple. Roll the gloves in the powder in a basin and place in gauze envelopes. Include a gauze sachet containing about ½ teaspoonful of powder. Autoclave 15 minutes at 15 lbs. pressure. Higher pressure or longer time causes powder to deteriorate. After sterilization powder the hands with the sachet before slipping them into the gloves.

From an article in "Hospitals" by M. G. Seelig, M.D., Washington University, and Dr. J. Veida, M.D., St. Louis Hospital, condensed by Hospital Abstract Service.

New Penicillin Study Instituted at Fort Bragg

Dr. Charles Rammelkamp, a member of the Commission on Acute Respiratory Diseases in the Office of the Surgeon General of the United States, and Captain William Leifer, M.C., at Fort Bragg Hospital, recently spent several days conferring on the new method of administering penicillin developed by Captain Romansky, M.C., at the Army Medical Centre. The new technique prolongs the action of penicillin by suspending it in a mixture of 4 per cent beeswax and peanut oil. It is believed that the new method will have important effects upon the use of this agent.

"Stars and Stripes" (the American Army newspaper) points out that the British have won at least one decision over Yank kidders. At Cherbourg United States engineers built a bridge hastily for the American armour, and a few rods away Britishers built an auxiliary bridge, in case. The next day the United States bridge carried this ribbing placard: "This bridge was built by American engineers under fire. It was built by 35 men in 2 3-4 hours. It contains 67 tons of material, and can stand a stress of 15 tons." Next day the Britishers jibed back with a neat placard on their bridge: "This bridge was thrown together by British engineers as a routine job. There is nothing remarkable about it."

from "The Labour Leader"

Correspondence

A Kindly Thought from an American Neighbour

This letter was received last month from Mr. John H. Olsen, well known to many of our Canadian administrators and trustees. His kind wish has been much appreciated and we have sent him a suitable reply on behalf of the hospitals of Canada. This same hospital, a few years ago, paid tribute to the work of Sir Frederick Banting by planting on their lawn, at a special ceremony, a Banting Memorial Tree.

Richmond Memorial Hospital,
Prince Bay, Staten Island, N.Y.

Dr. Dr. Agnew:

The approaching Twenty-fifth Anniversary of this hospital on September 18th prompts this writing.

Reviewing and appraising the many important factors that make up our day-to-day hospital life, year after year, brings to mind instances in which we have profited from the experiences and vision of many of our Canadian neighbours in the hospital field.

It seems eminently fitting that we take this birthday occasion to express our deep appreciation for these contributions to our American hospitals.

May I express the hope that in the quarter century to come we shall be able to work even closer together for higher hospital standards.

Cordially,
Richmond Memorial Hospital
Dreyfus Foundation
"John H. Olsen",
Managing Director.

Begin Work in Spring On New Health Centre

Preliminary plans for a new Health Centre at Saint John, N.B., are now being made. A site has been selected near the General Hospital and it is hoped that work on the new centre will start next spring.

Alexander Fasken

The hospital field lost one of its best friends when Alexander Fasken, K.C., of Toronto, met instant death in a motor accident on September 19th. Mr. Fasken, senior partner in an important legal firm, was widely known in mining circles, where he was either president or a director of several mining companies in Ontario and Quebec and was also president of the Excelsior Life Insurance Company. His major interest for a long time had been the Toronto Western Hospital. Chairman of its Board for many years, and a more than generous contributor towards its needs, Mr. Fasken, in his quiet self-effacing way, had done more than has ever been realized to place that institution in the enviable position which it now holds as one of Canada's leading institutions of healing.

Former Hospital Head Dies

Mother Anna Piche, 83, a member of the Grey Nuns of Montreal for 63 years, died in June in Montreal.

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IT'S LYSOL—YOU DON'T NEED SO MUCH!

Lysol is important to community health. In wartime, more than ever. In your hospital use it *everywhere* a disinfectant is needed. But use it *wisely*. You always know the exact germ-killing potency of Lysol disinfectant. Every drum of Lysol is rigidly controlled, has a uniform coefficient of 5. Know the exact amount needed for each specific disinfecting job:

TO DISINFECT BEDS, use Lysol—2½ tablespoonfuls to a gallon of water.

IN O.R.—for sharps a 2% Lysol solution. To prevent corrosion—½% Lysol in boiling water.

ON ISOLATION—wherever an antiseptic rinse is needed, 1 tbsp. of Lysol to 1 qt. of water.

FOR BEDPANS—1 tbsp. Lysol to 1 qt. of water, for cleaning following disposal.

FOR PERINEAL CARE—one teaspoonful of Lysol to a pint of warm water.

FOR FLOORS, WALLS, FURNITURE—2½ tablespoonfuls of Lysol to a gallon of cleaning water.

SAVE THESE WAYS, TOO!

LIGHT: Don't forget to switch off the lights when not in use.

HEAT: Don't heat all outdoors.

LINEN: Don't "rip" sheets off beds.

ENAMELWARE: Avoid chips from stacking, remove marks as you go.

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ORDER **LYSOL** *TODAY!*

in special 45 gal. containers for hospital use at $1.25 per gal.

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Care of Laundry Nets

WE have reason to believe that many laundry operators are overlooking the necessity of laundry net conservation. It goes without saying that in view of the none-too-good situation with respect to supplies of cotton yarns, it is up to all laundry operators to make every effort to conserve the supply of nets by using them in a reasonably intelligent manner.

Don't forget that nets take a terrific beating, especially in the white work classification, no matter how carefully they are used. A little carelessness in each wash adds up quickly insofar as the net is concerned and drastically reduces its useful life. Take the question of bleaching alone—it will be obvious that any tendency to overbleach will bring about an unnecessarily rapid loss in the tensile strength of a net. The amount of bleach usually recommended in a white work formula is 2 quarts of 1 per cent available chlorine bleach per 100 lb. of work. Many plants are able to turn out quality work with less than 2 quarts; they do this by varying the amount of bleach in proportion to the degree of staining in the load being washed. This is obviously a matter which calls for experience in judging the colour of the finished bundles, but it is our opinion that almost any experienced superintendent can spot "off" colour in the work for which he is responsible. The point is that he should be sold on the desirability of getting a good colour with the minimum of bleach. The old saying "you can't wash a load white and you can't bleach a load clean" still holds.

Overloading of nets is another source of short net-life. The following are the best recommendations we have on the maximum degree of loading to which nets should be subjected:

Size (inches)	Weight (lbs.)
12 x 12	1.3
12 x 18	2
15 x 22	3
18 x 24	4
24 x 36	7
30 x 40	10
36 x 48	14

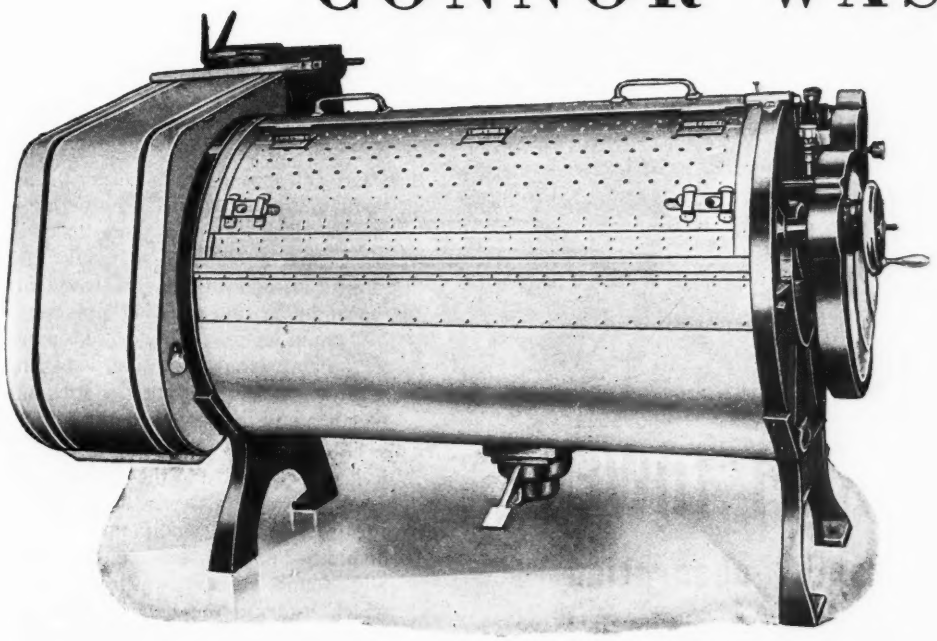
Not the least cause of the "beating" which nets take is the presence in trucks, washwheels, extractors, etc., of projections—e.g., loose nails, slivers of wood, pins, bolts, etc.—on which nets may become snagged and injured. The twines used in the manufacture of nets are made from several plies of yarns and damage in any one spot of even a few plies of the twine means premature failure at that spot. Therefore, make a frequent check of all equipment with which nets come in contact. Make sure also that all pins used in washing do not carry turned-up or sharp edges which may cause injury to nets.

Avoid subjecting nets to unnecessary friction—they get enough during their legitimate journey through

Low Initial Cost — Low Operating Cost

Feature These High Quality All Metal

CONNOR WASHERS



You Can Save Money With This Time Proven Laundry Equipment

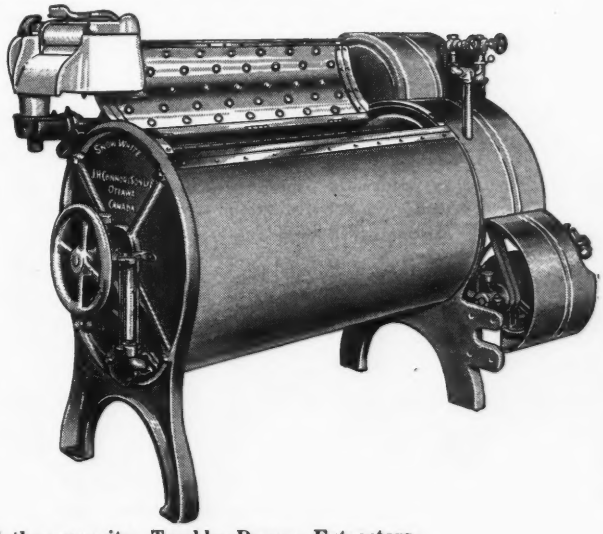
THE OTTAWA WASHER

No. 4 Ottawa Washer, complete with ¾ h.p. electric motor, single or three phase, 110-220 volt. Cylinder of hard brass, nickel plated and polished, 28″ x 48″. Capacity 40 sheets or 60 pounds dry clothes. Cylinder revolves on large, double race ball bearings, reducing power consumption 50 per cent. Weight 1,500 pounds.

No. 3 Ottawa Washer identical, but with 28″ x 42″ cylinder. Capacity 30 sheets or 50 pounds dry clothes.

THE SNOW WHITE NO. 2 WASHER

Complete with ½ h.p. electric motor and wringer. Cylinder 24″ x 40″. Capacity 22 sheets or 36 pounds dry clothes. Floor space 38″ x 64″. Weight 825 pounds. The greatest value ever offered for a metal washer of this size. Satisfied users from coast to coast.



Metal Washers from 36 to 150 pounds dry clothes capacity. Tumbler Dryers, Extractors, Ironers, Laundry Trucks. Write for catalogue and price list.
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WINNIPEG—242 Princess St. ***Quality Washers Since 1875*** **MONTREAL—423 Rachel St. E.**

the washwheel! Don't drag them across the floor when loaded. Don't let trucks run over them. Don't walk on them. All of this seems very elementary, but you may be surprised what a quick check-up will reveal regarding the manner in which nets are being treated in your washroom.

One of the most fruitful sources of net injury is the improperly loaded extractor. This is especially true with nets which have become weakened in service. Watch your extractor loading.

It is generally agreed that it is desirable to soak new nets in cold water for several hours before using them for the first time. This permits any shrinkage which is going to take place and also tends to relax the strains introduced into the twine in the spinning and twisting processes of manufacture. Likewise, keeping nets in a damp condition between washes tends to prevent the sticking together and hardening of the fibres.

However, care must be taken that in keeping nets damp they do not become a prey to mildew, which readily forms under the conditions of high humidity and high temperature usually found in the washroom and which leads to the deterioration of the cotton fibres of the nets. The growth of mildew is greatly enhanced by contact with dust and dirt, and especially with the floor. Hence dampened nets should never be piled on the floor. In view of the danger of mildew attack, we therefore recommend against the practice of keeping nets damp for periods of more than 18 hours at a stretch—certainly not over the week-end during warm weather. Nets should never be placed near or on heated equipment—e.g., steam coils—when not in use.

The above precautions are worth considering. "Give your nets a break to keep them from breaking before they should."

from "Information", published by the Canadian Institute of Launderers and Cleaners.

The largest cork-oak tree in the United States is believed to be the one on the lawn of the Napa State Hospital in California. This is almost six feet in diameter at head-height.

Book Review

ESSENTIALS OF INDUSTRIAL HEALTH—By C. O. Sappington, M.D., Dr.P.H., President, Central States Society of Industrial Medicine and Surgery, Editor of "Industrial Medicine". Pp. 626, illust. J. B. Lippincott Company, Philadelphia & Montreal. 1943.

With increasing tempo, markedly accelerated during these war years, industrial medicine has grown to the point where it is generally realized as constituting a distinct specialty in medicine and a vital aspect of our approach to national health and welfare. In Canada alone some 35,000 employees are absent from work daily on account of sickness—ten times the time loss due to industrial accidents. This loss would be greater were it not for the excellent procedures being evolved year by year to safeguard employees.

Written by an eminent authority, this work presents a comprehensive study of the whole subject. The causes of occupational morbidity are analyzed and the scope and objectives of industrial health are reviewed. There is an extensive section on the industrial medical department, its organization, its functions and its equipment. Chapters are devoted to industrial health exposures, infections and poissons, the plant survey, plant sanitation and personal hygiene for workers. The final section of the book deals with industrial medicine and traumatic surgery, with sections on physical and mental fitness, aptitude and psychological tests, personnel relations, working conditions, accidents, occupational diseases, non-occupational disabilities and rehabilitation. The material is clear and well arranged and the illustrations are excellent. This book should be most helpful to anyone interested in or caring for industrial workers.

Milk Paste Effective for Wounds

Soviet microbiologists have developed acidophilus milk paste which is extremely effective in healing wounds. In a Novosibirsk hospital there was a group of men whose wounds healed very slowly; neither novocaine blocking, ultra violet ray treatment, antiseptics or permanganate baths helped them. The doctors tried the acidophilus milk paste, and within a short time the wounded were quite well.

The new paste is made of pressed acidophilus milk. During the Leningrad blockade microbiologists Khlebnikova and Gibshman made a paste of the same milk, which was used in all Leningrad hospitals. In almost all cases it brought about a rapid healing of the most difficult wounds. The paste is now widely used in all Soviet hospitals. — *Soviet Information Bulletin.*

Victoria's Hospital

(Continued from page 43)

available to them. For example, X-ray apparatus was provided immediately after electric lighting was installed.

In 1899 the Committee of Ways and Means answered criticism on the score of high maintenance costs with a fearless admission that it was probably correct that they were, as alleged, the highest in Canada. Followed a vigorous justification in which it was claimed that the Jubilee, "being essentially a surgical hospital, requires a large nursing staff". It cited the cost of educating nurses for the rest of the Province, and stated that the Jubilee was the one institution aiming to treat all sorts of cases capable of admittance in a general hospital, many of which could not be treated elsewhere in the Province.

No less boldly do they affirm, after reference to the higher cost in the West of all supplies and labour, that "having compared the diet of the Jubilee with those of several Eastern Canadian hospitals we find that the food supplied by us is more varied and liberal".

That the Directors were progressive and alert to the importance of keeping abreast of the advances made elsewhere is shown by, among other things, the establishment in 1891 of the first Training School for Nurses west of Winnipeg. The inaugural address on that occasion by the Hon. Dr. J. S. Helmcken is a classic which has inspired the successors, throughout the years, of that first class to wear the R.J.H. badge. The matron who instructed that first class, too, received prompt encouragement from the Board when, reminding them that for three years she had had no opportunity of seeing any other school than her own, she asked for and was granted leave of absence to visit several hospitals in the San Francisco area.

In the following year she wrote that she had been invited to attend an Educational Exhibit in New York, organized by the Nurses' Association of America, and again she was promptly given leave of absence, with $100.00 for expenses, "provided that a free pass to New York is obtained from the Canadian Pacific Railway". Relations between the citizens of these Western regions and the great transportation companies were much more cosy then, and the pass was obtained. Nor was this a solitary occurrence, as is attested by a note in the Directors' report for the year 1897, thanking the Canadian Pacific Railway and the Canadian Pacific Navigation Company for "free transportation given to members of the hospital staff when asked for".

A proper pride in their achievement is shown in the references by Directors at various times to the Jubilee as "the pride of the Province", and by the complacency with which it is written that Lord Lister after a thorough inspection expressed the utmost satisfaction with the whole institution. One can almost hear the members ask "How could he fail to approve it?" Lady Aberdeen, too, thanked the Directors for having shown her much courtesy and assisted her with valuable advice in connection with her great project, the Victorian Order of Nurses.

It is to be hoped that some day a complete history of the Royal Hos-

Practical Aids to YOUR KITCHEN PLANNING for now and the post-war

SCALE CARDBOARD CUT-OUTS

of Moffat Electrical Cooking Units supplied FREE —write for yours TODAY!

WHAT IT IS—Floor Plan of each size of Oven, Range, Fryer, etc., with dimensions and model numbers printed on tinted cardboard, and supplied in strips to be cut as required. These scale cutouts save time when planning new kitchens or remodelling old ones.

HOW TO USE IT—(a) Kitchen plan must be same scale . . . ¼" = 1 ft. (b) Choose the cutouts of models you think will best fulfil your cooking requirements. (c) Place on plan and adjust positions until best locations are found . . . then pencil-in outline permanently on drawing.

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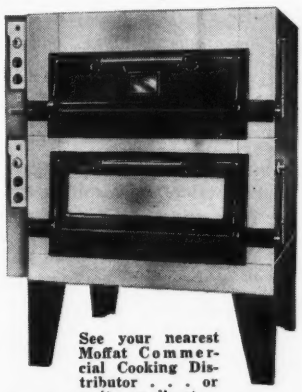
Moffat 2-Deck Combination ROAST and BAKE OVEN

This is an ideal cooking unit for hospitals of limited size. One deck is for roasting and one for baking. Equipped with thermostat controls, compact and made to give many years of satisfactory service.



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At last year's convention the Stafford Booth was a centre of attraction. The delegates visiting the booth enjoyed the samples offered and found in them food for thought!

This year Stafford's extends a cordial invitation to all its old friends and to many new ones, to once again visit the Stafford Booth and be brought up to date on Stafford's newest developments in Food Products.

Stafford's Popular Food Products are constantly used by Hospitals and Institutions across Canada.

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- Hot Chocolate Powder.
- Custard Powders.
- Pie Fillers.
- Fruithick.
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- Lemon Juice and Orange Juice Crystals.
- Onion-Powder (or Flakes) Dehydrated.
- Orange, Lemon and Lime Concentrates (for cool summer drinks).
- Soups (Chicken Consomme and Beef Broth)
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pital and its continuing descendant will be written, before the material still existing and providing the groundwork for such a story is lost or destroyed, but the pressure of daily duties forbids at this time more than these scattered snatches from the records of the past. It would be unforgivable, however, to close without some reference to the work accomplished by the Woman's Auxiliary. An appeal to the ladies in the first report of the Jubilee after its incorporation was answered by the formation of a Ladies' Auxiliary which raised the sum of $3,025.00 through a two-day bazaar held in June, 1892. With this example before them, the ladies have continued ardently to support the hospital with both work and money. Re-organized in 1899, the charter names it the Woman's Auxiliary—not Women's —and this curious variation is jealously brought to the attention of any unwary Director using the plural in addressing them. They have worthy running mates in the Junior Women's Auxiliary, which took as its first objective the organization of social service work in the hospital, and has contributed largely to this and many other valuable developments, such as the Blood Bank.

Glancing back at the notes for this sketch, the first entry in the expense accounts of the old Royal Hospital stands out. It reads "6 bars of Soap 9/-". Could there be a more appropriate beginning?

Financial Statement of Blue Cross Plans Analyzed

An analysis of operating statements of seventy Blue Cross plans made by the A.H.A. Hospital Service Plan Commission for the first six months of this year reveals:

Income	$44,236,672
Hospital Expense	33,990,442
Percentage	76.84%
Operating Expense	5,318,407
Percentage	12.02%
Net income or Added Reserve	4,927,823
Percentage	11.14%

The percentage of income required for operating expenses varied in different groups. Twenty-seven plans with 50,000 or more subscriber contracts averaged 11.38 per cent required. The individual returns varied from 6.98 per cent. to 20.32 per cent. Fourteen plans with 25-50,000 contracts averaged 15.75 per cent operating expense, the individual returns varying from 7.64 to 30.53 per cent. In both of the above lists the high operating costs quoted were incurred in North Carolina. Fourteen plans with between 10,000 and 25,000 subscriber contracts averaged 16.21 per cent operating expense, the figures ranging from 10.01 per cent to 26.53 per cent. Fifteen plans with less than 10,000 subscribers averaged 14.54 per cent, the range being from 8.97 to 23.20 per cent.

Total reserves for 67 plans on June 30th were $36,876,766.

Hospital to be Built at Edmundston, N.B.

A four-storey, 200-bed hospital, to be called the Hotel Dieu, is to be constructed at Edmundston, N.B., as soon as materials are available. It will be operated by the Hospital Nuns of St. Joseph. The project will cost around $600,000, and will include a school of nursing and a home for 70 nurses.

Sister Ogilvie and Sister Giles show their Mobile Hospital to a new arrival, Sister "Robbie" Robinson, third R.A.F. nurse to arrive in France. The Red Cross and the Union Jack fly side by side outside the reception tent.

Bleaching White Woollens

(The following comments were prepared by C. H. Bayley, National Research Laboratories, Ottawa, and have been published by the Canadian Research Institute of Launderers and Cleaners.)

FROM time to time we have examined white woollen garments which have developed a serious loss in strength during the bleaching process or even in wet cleaning with neutral soap. In extreme cases the garment has become gummy and spongy during the bleaching or wet cleaning processes and has literally disintegrated.

This note is written for the purpose of bringing to the attention of our members the characteristics of some of the bleaching agents used with woollens.

The most commonly used bleaches are sodium perborate and potassium permanganate, both of which are "oxidizing type" bleaches. Hydrogen peroxide is also used, but since the active agent in perborate bleaching is hydrogen peroxide, which is formed in the bleaching bath, these two types of bleaching may be regarded as one. It is well known that when using sodium perborate or peroxide, the bleaching process has to be carried out for a fairly lengthy period, frequently over night. For this reason many cleaners prefer to use the permanganate method in which the garment is immersed in a 1% solution of permanganate for a few minutes followed by rinsing and "clearing" with sodium bisulphite. The permanganate method is therefore speedy and is even thought by some cleaners to give a better degree of whiteness than is the case with the perborate method. However, there are certain dangers in connection with the use of the permanganate process and these dangers are sufficiently great to suggest that the use of this process is unsafe and should be discontinued altogether.

It has been shown that repeated bleaching with permanganate causes a very much greater degree of chemical damage in woollen fabrics than does bleaching with perborate or peroxide.

Fabrics which have been chemically damaged as a result of one or more bleachings with permangate frequently develop a high degree of tendering when subjected to mildly alkaline conditions such as would be present in a perborate bleaching bath or in a wet cleaning solution in which soap was used. This accounts for the damage referred to in the first part of this note.

Another disadvantage of the permanganate process is the fact that unless the permanganate stain is thoroughly removed and unless the bisulphite solution used for this purpose is *thoroughly rinsed out,* there may be a re-development of the brownish stains after the garment is returned to the customer.

In the interests of safety we do not, therefore, recommend the use of permanganate, as a bleaching agent for white woollens, but prefer to recommend perborate or hydrogen peroxide, even although the latter processes are somewhat more time-consuming.

Coming Conventions

October 17—Ontario Conference of the Catholic Hospitals, Toronto.

October 18-20—Ontario Hospital Association, Royal York Hotel, Toronto.

October 30-31—Saskatchewan Hospital Association, Moose Jaw.

November 2-3—Associated Hospitals of Alberta, Calgary.

November (early)—Manitoba Hospital Association.

Mis-statements Respecting Health Care

(Continued from page 51)

The Rev. Mr. Douglas in Regina stated "our death rate for infants is 65 for every 1,000". Actually, in 1942 the death rate in Saskatchewan was only 43, compared to a Dominion rate of 54. This, too, is a reduction from a Dominion rate of 63 in 1938 in spite of the absence of 30 per cent of the doctors on active service.

Dr. Anderson finds that the C.C.F. statements on the proposed federal health insurance measure are equally misleading. They state that "it only covers those who can afford to pay the insurance premium". The fact is that the proposed Dominion insurance Bill most emphatically provides that every person below the income level chosen by the province must be covered, and that the premiums of those unable to pay themselves are to be paid by the state. They state furthermore "that health insurance is not enough because it does not provide adequate facilities for preventive medicine. It does not promote research and clinical study to prevent disease." Nothing could be further from the truth. These facilities are all specifically provided for in the proposed Health Insurance Bill studied by the Social Security Committee during the past year.

The C.C.F. also stated that "there are not enough doctors for health insurance". Dr. Anderson notes that they deliberately neglected to mention that this shortage is in large part due to the enlistment of over 30 per cent of the doctors in that Province. He might have added that if there are not enough doctors for health insurance there would certainly not be enough for the demands under state medicine, which would probably greatly increase the demands upon the doctor, and at the same time give the doctor much less incentive to carry extra burdens which he now does carry.

State Hospital and Medical League

The State Hospital and Medical League in Saskatchewan made parallel statements before the Special Committee on Social Security at Ottawa. An exposure of these "half-truths, quarter-truths and untruths" was published in the *Canadian Medical Association Journal* for September.

Capital was made (pp. 237-8 of Proceedings No. 9) of the statement that 20,000 out of 50,000 young men who tried to enlist in the Active Army during one three months' period were rejected as medically unfit, thus drawing a "dismal picture of the condition of our national health". Many of these conditions, however, such as impaired vision, loss of a finger, fallen arches, etc., would be of little consequence in civilian life and, as far as reflecting on the system of medical care, are largely conditions which are due to heredity or accident and for which a changed system of medical care could not effect a cure.

Reference was made to a Governmental investigation which was said to disclose that out of Canada's four million odd children under the age of 16, some 500,000 are undernourished; 250,000 suffer from defective hearing; 77,000 have weak or damaged hearts; 35,000 are mentally deficient; 30,000 are victims of tuber-

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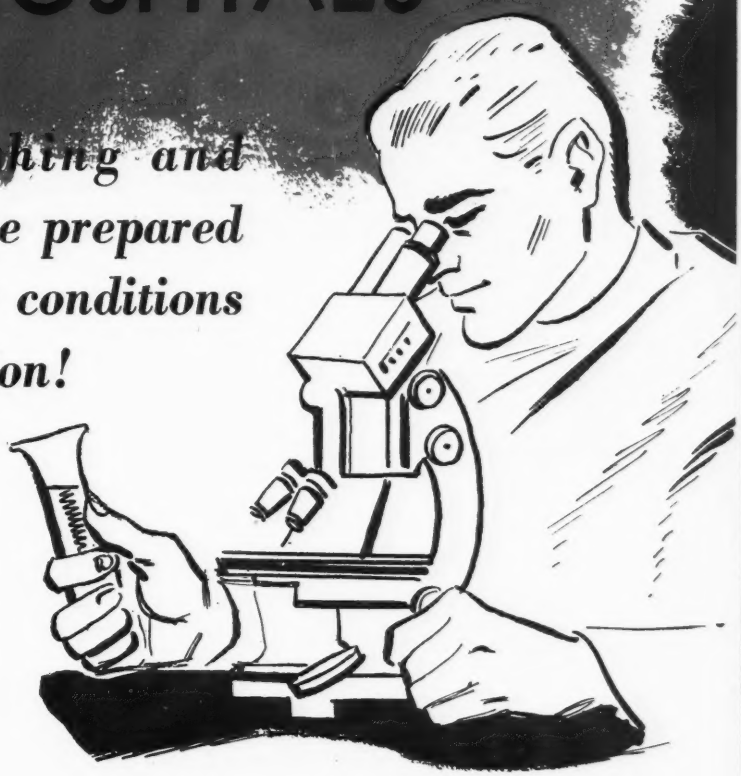

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McKEMCO chemists have a comprehensive knowledge of water conditions in practically every locality. This knowledge PLUS their skill and experience in manufacturing washing compounds make it possible to produce for you a product suited to the specific water condition in YOUR hospital.

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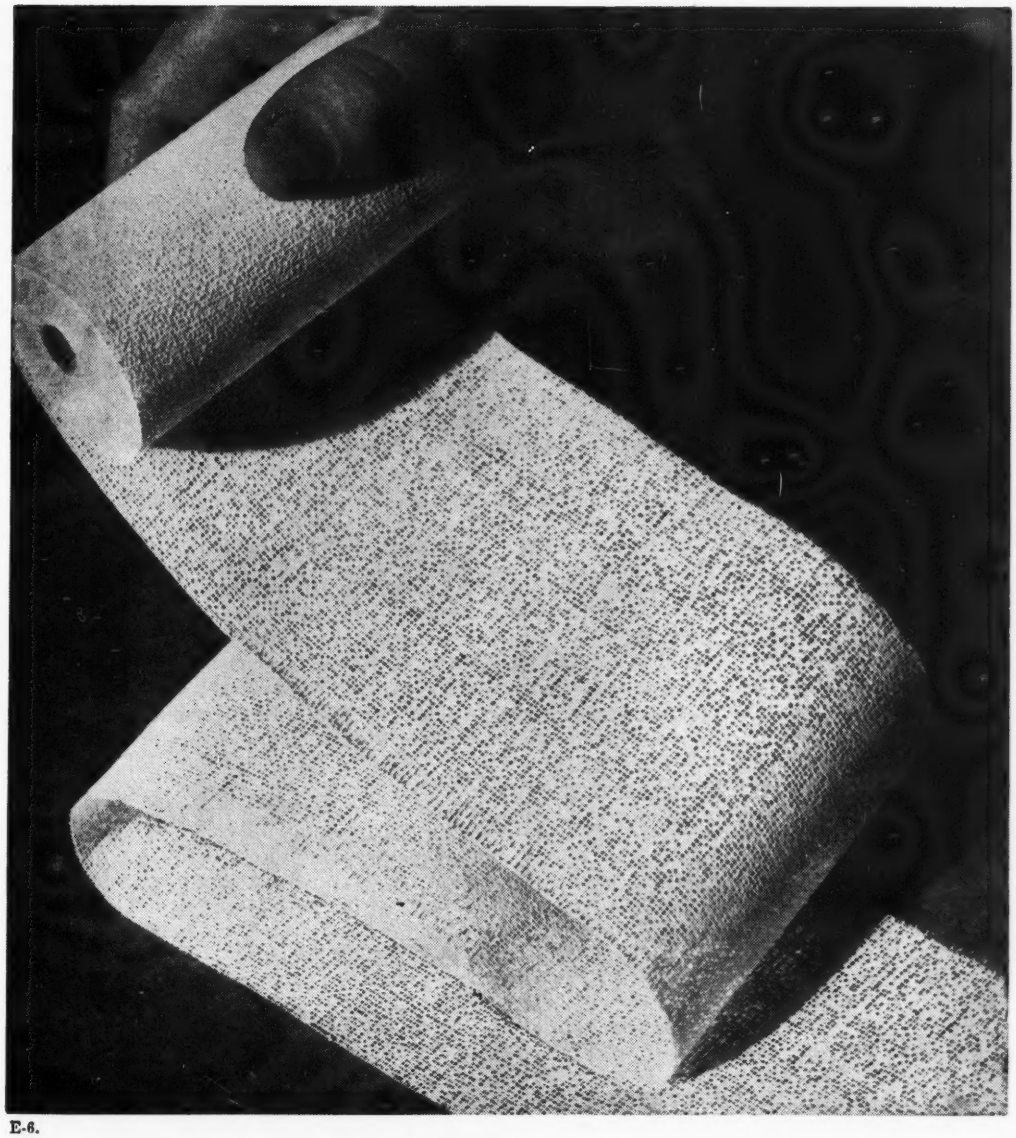

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Mis-statements Respecting Health Care

(Continued on page 90)

culosis; 1,000 are wholly and 3,800 are partially blind.

On checking with Ottawa the Canadian Medical Association was informed that "there has not been any study carried out by any governmental body regarding the statistical data quoted in your letter". Checking on the figures quoted above, the Dominion Government reported as follows:

Total number of children in Canada in '41—3,409,911 (not 4,000,000).

Children undernourished — no statistics available. Many probably do not receive the "ideal" diet, which is a different matter.

Defective hearing and weak or damaged hearts—no known statistics on these figures. The terms are vague and indefinite,

Deafmutes in '41 totalled 1,745.

Mentally-deficient children—9,578 in mental institutions. No national study has ever been made to ascertain the I.Q. of children in Canada.

Children victims of tuberculosis—total for children *and* adults is 30,000—not 30,000 for children alone, as claimed.

In referring to Canadian health being at a low ebb, mention is not made of the fact that in 100 years the average span of life, according to Metropolitan Life statistics, has increased from 40 years to 58.

Much trumpet-blowing is apparent (p. 250) over the fact that "the Soviet Union now has 72 independent medical colleges", and reference is made in funeral tones to the "lack of facilities in connection with medical education in Canada". Actually, in proportion to population, Canada has one medical college to every 1,277,000 of population; in Russia the figure is one college to 2,367,000 of population. Canada has one doctor to 990 people, whereas Russia has one to 1,291. Furthermore a large proportion of these are "feldshers", who are only partially trained.

On p. 256 it is stated: "In our opinion the Federal draft bill has been especially designed to curtail the progress of health insurance and socialized medicine. Organized medicine has always everywhere been opposed to socialized medicine and that body has the ear of the government in Canada."

The term "socialized medicine" means nothing, for it is used with a dozen different interpretations. Where socialized medicine is synonymous with out and out state medicine, the Canadian Medical Association is opposed, but when it is used synonymously with contributory health insurance the above statement is wrong, for the Canadian Medical Association has placed itself on record as approving the principle of health insurance.

There is much point in this statement in the *Canadian Medical Association Journal* article: "In quoting medical opinion, it would be well if self - appointed interpreters paid closer attention to the progressive thinking of the Canadian Medical Association and its Provincial Divisions than to making statements or mis-statements concerning medical thinking elsewhere."

In urging immediate attention to improved health facilities for people

in rural areas, this brief does not mention that the health bodies presenting briefs had expressed the same point of view. The implication is given that these health bodies are not concerned with health in rural areas.

The Kaiser plan is lauded as ideal (pp. 264-7). Agreeing that the Kaiser plan has much to commend it in industrial areas, there are certain points which the brief of the League did not bring out. For a man and wife and two children under 16, the cost would be $78 per year. Moreover, this Plan does not include the many public health services proposed in the Canadian plan. It is not pointed out that Kaiser employees are healthy people, and not a fair cross-section of the average community across the country. The incentive to return to work to help win the war and also to receive the tremendously inflated wages, would tend to reduce the time taken off.

It was interesting to note in this brief the enthusiastic support given to Blue Cross Hospitalization Plans, which were labelled as "distinctly an American institution". As this League has long stood for state medicine, its support of the Blue Cross Plans, approved for many years by the Canadian Medical Association and the Canadian Hospital Council, is unusual. The Blue Cross Plans are being hailed as an alternative to the state medicine advocated by this League.

More Women Urged to Enter Medicine

More women should go into medicine to help meet the anticipated shortage of doctors, stated Dr. Martha Eliot, assistant chief of the Children's Bureau, Washington, in an official statement released last month. Dr. Eliot administers the Maternal and Child Health Services under the Social Security Act and also the emergency maternity and infant care programme caring for service men's wives and infants.

"In the post-war period a great expansion in public health work is likely to take place, and we can hope that ways will be found of bringing good medical care increasingly to all the nation." She noted also that many young men who might have gone into medicine have gone directly into military service and may not take up or resume their studies.

Dr. Eliot noted that some medical schools accept women on a quota basis, and recommended that such schools modify their admission requirements in such a way as to erase these quotas. Scholarships should be offered to women, for in the woman doctor there was hope for the rural areas which are now, to a large extent, without physicians.

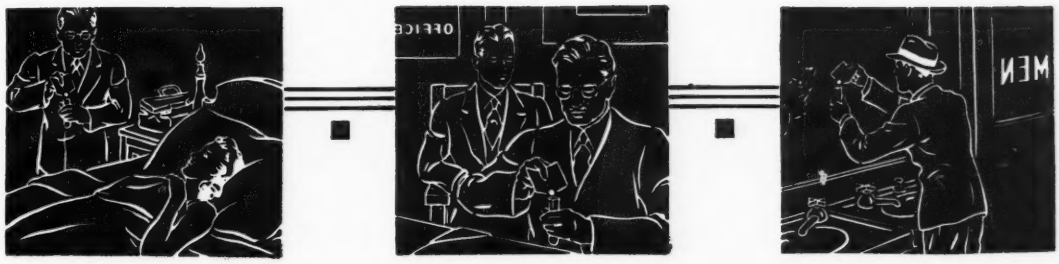
More Penicillin

(Concluded from page 36)

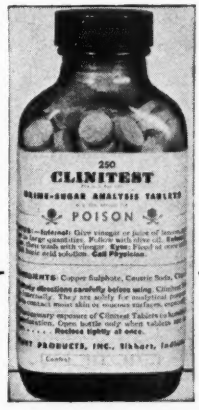
penicillin will keep in the refrigerator longer than was first thought (now from six months up to a year), reasonable stocks can be kept on hand.

If additional amounts are needed beyond your quota, communicate directly to the Controller of Chemicals, 1235 McGill College Avenue, Montreal, and not to the regional distributor or other party. In doing so state diagnosis, amount required and other data stipulated on the forms sent out to each quota hospital.

IN ANY PLACE . . . *AT ANY TIME*



You or Your Patient Can Test for Urine-Sugar with SIMPLE—CONVENIENT—DEPENDABLE



Clinitest for hospital use is available in bulk quantities of 1,000 and 3,000 tablets at special prices.

Orders for 1,000 are filled with 10 bottles for 100 tablets; while orders for 3,000 are filled with 12 bottles of 250 tablets.

CLINITEST

(Copper Reduction Tablet Reagent)

SPEED . . . Just add a Clinitest Tablet to proper amount of diluted urine. Allow a few seconds for reaction.

DEPENDABILITY . . . Compare with color scale for urine-sugar percentage reading.

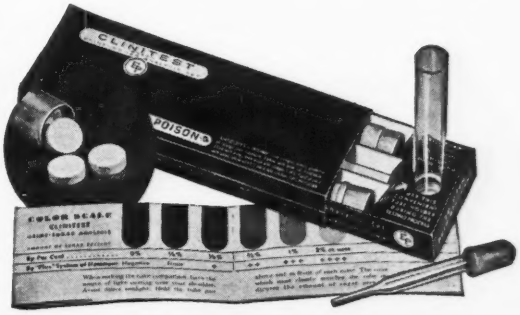
CONVENIENT . . . Eliminates flame, external heating, water-bath, complicated apparatus.

No Powder to Spill . . . The use of tablet and test tube confines the test to the known agents and reagents. It guards the test from possible oxidization by atmospheric oxygen.

CLINITEST SET FOR PATIENT

Complete set . . . as shown on the right . . . is self-contained. It is equipped with test tube, dropper, instruction book, color chart and enough Clinitest Tablets for 50 tests. Costs the patient $1.75. Tablet refills (for 75 tests) $1.75.

Clinitest Sets and Supplies are procurable from your surgical supply house or prescription pharmacy. Will promptly send descriptive literature on request.



AMES COMPANY, INC.

SUCCESSORS TO EFFERVESCENT PRODUCTS INC.

Sole Canadian Distributors

FRED. J. WHITLOW & CO., LTD. 187 DUFFERIN STREET, TORONTO

Tantalum Now Available for Civilian Surgery

TANTALUM plates, foil, screws and wire to repair broken bones, nerves and skulls are now available for civilian use, through an allocation made by the United States War Production Board.

Tantalum has been in use in various military hospitals for some time and has been found invaluable because it is non-irritating, malleable, ductile and resists corrosion. Tantalum is making it possible for surgeons to return many cases to active life which in the last war would have been disfigured and incapacitated for life. Lost portions of the skull, ears, nose and other parts of the face are being successfully replaced with Tantalum. One veteran has a Tantalum "belly wall". Nerves which control motion in arms and legs are stitched with Tantalum thread and protected with Tantalum cuffs while healing. Some of the effects of facial paralysis are relieved by small, saddle-shaped pieces of Tantalum and wire used to pull the corners of the mouth to a normal position. This stops the familiar unpleasant drooling and facial distortion. Tantalum is also being used to repair cleft palates, thus eliminating the usual nasal voice and various other unpleasant features of this condition.

Its surgical application recognized before Pearl Harbour, Tantalum has been widely used by the United States Army and Navy Medical Corps and many military surgeons, both here and abroad. Because of its strategic nature the supply is limited and the metal has not previously been available to civilian surgeons except for research purposes.

Dr. Gerald Burke of Vancouver, B.C., wrote the first paper published on Tantalum in Surgery. As a result, important original neurosurgical investigations were conducted by Doctors Wilder G. Penfield, W. V. Cone, R. H. Pudenz and G. L. Odom of the Montreal Neurological Institute. These studies developed the use of Tantalum as ribbon to control bleeding during operations, as wires to stitch wounds together, as foil to keep tissues from sticking together and as plates for skull repair. The non-irritating qualities of Tantalum led Doctors John C. Burch and H. M. Carney, of Vanderbilt University at Nashville, Tennessee, to use Tantalum wires, screws and fixation plates in fractures of the thigh, lower leg, knee cap, upper arm and jaw.

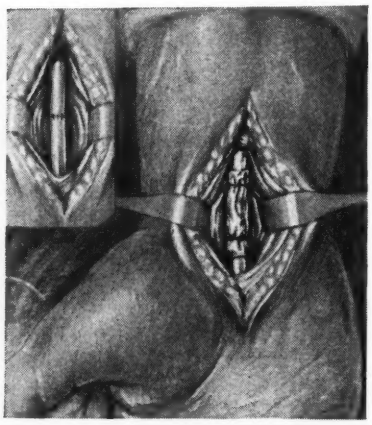
Among important work with Tantalum done in Canada are the plastic surgery being done at the Royal Victoria Hospital by Dr. Hamilton Baxter and the experimental studies conducted by Captain Norman C. Delarue, and Doctors Eric A. Linell and Kenneth G. McKenzie, of the University of Toronto, who have recently published some of their findings in the Journal of Neurosurgery. Dr. Robert Pudenz of Montreal (now at the United States Naval Hospital, Bethesda, Maryland) has also replaced silver with Tantalum clips in brain operations performed at the Montreal Neurological Institute.

Tantlaum itself is a heavy grey metal. The ore, tantalite, from which it is derived, is coal black and is often called "black gold". This ore has the top aerial transport priority rating of all strategic materials, and the entire Brazilian production is flown to the United States as soon as it can be put aboard cargo planes. Most of the world's supply of tantalite formerly came from the Pilbara Desert field in Western Australia, although some is produced in Greenland, Nigeria, the Belgian Congo and in South Africa, and deposits have been found in the Black Hills of South Dakota. Fifty-two per cent of the world's annual output now comes from Brazil.

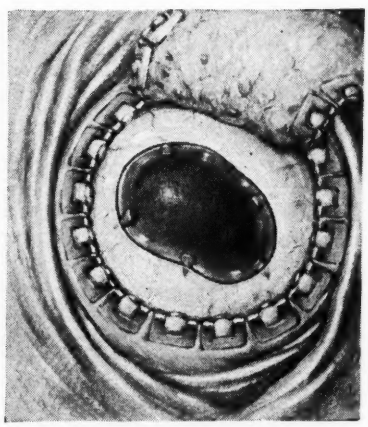
Tantalum is valued at several times the price of silver. This is partly because its ore, tantalite, is sparsely distributed in the earth's crust and some 3,000 tons of rock must be handled to secure one ton of ore. Tantalum is isolated from tantalite and columbite, samarskite and other rare minerals, by an elaborate chemical and metallurgical process.

Tantalum is important in surgery because it does no harm to the body, and also is malleable, which permits it to be drawn into fine wire and formed into shapes which correspond to and may replace bony substance lost from the head and other parts of the body. Tantalum may be drawn into wires so fine that the surgeon feels for them rather than sees them. Such wire is used to repair nerves and tendons and in plastic surgery where cosmetic results are important. The metal is easily rolled into sheets which may be sheared, punched, pierced or drilled.

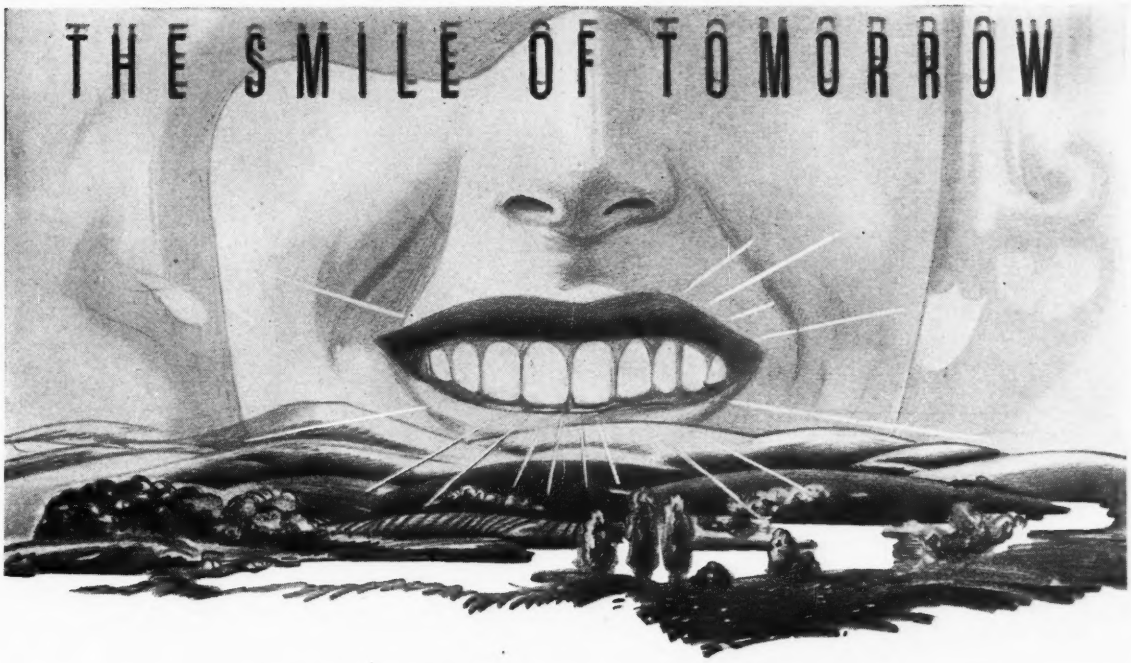
By an agreement between the Ethicon Suture Laboratories, a division of Johnson & Johnson of New Brunswick, N.J., and the Fansteel Metallurgical Corporation of North Chicago, Ill., the availability of Tantalum for civilian surgeons is assured. Johnson & Johnson, Ltd., of Montreal, will distribute Tantalum in Canada.



Nerve Repair.



Skull Repair.



BONE MEAL THERAPY

is Nature's Gift of

CALCIUM, PHOSPHORUS and FLUORINE
in ideal ratio . . .

Four years of clinical investigation promises:

- **UNUSUAL ASSIMILABILITY**
- **ELIMINATION OF DENTAL CARIES**
- **STRONG HEALTHY TEETH IN THE YOUNG**

(*Canadian Medical Association Journal*, June, 1944, page 562)
Reprints available

"All of the babies were healthy at birth, but those whose mothers had been given bone meal had such long silky hair and such long nails that the phenomenon was remarked upon by the nurses."

OSTEOCAPS

PURIFIED and SELECT BONE FLOUR with Vitamins A and D

Each Osteocap contains:

Bone Meal Flour - - -	7½ grs.
Vitamin A - - - -	1000 units
Vitamin D - - - -	100 units

THE DOSE: One to three daily

THE PACKAGE: Units of 50 and 100

Anglo-CANADIAN DRUG Company
LIMITED

OSHAWA CANADA

One hundred per cent Canadian

MANUFACTURERS OF FINE PHARMACEUTICALS

Make No Bones About It . . . . . Keep On Buying Victory Bonds

FIRTH-VICKERS STAINLESS STEELS LTD SHEFFIELD

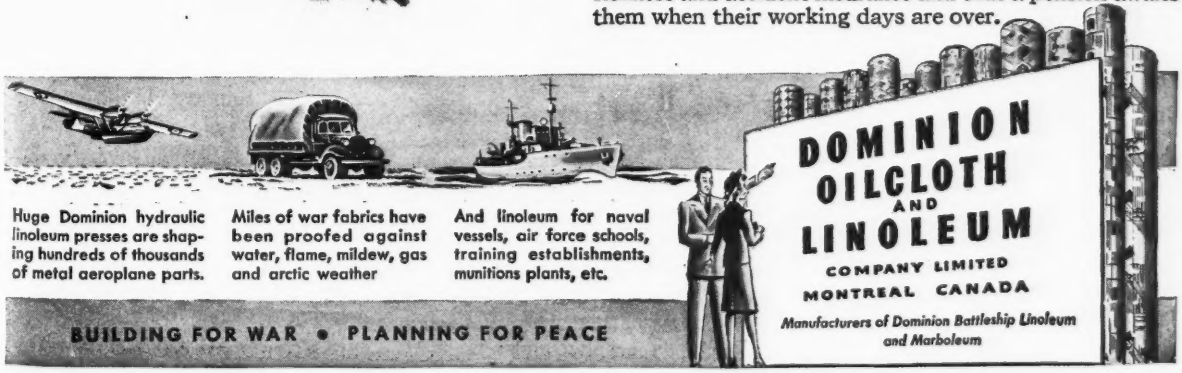
Canadian Representative: THOS. FIRTH & JOHN BROWN, LIMITED

1619 William Street, Montreal and 73 Sumach Street, Toronto 2

"Why, Post-War housing alone will keep us busy!"

Canada badly needs hundreds of thousands of new homes —and that means a lot of linoleum. Then think of the thousands of people who are just waiting for Victory to fix up their places—and the new schools, hospitals and institutions needed. Ahead of the linoleum industry are the unfulfilled demands of four years—home, industrial and foreign—to catch up with. That means employment!

The workers at Dominion Oilcloth and Linoleum Company see good prospects for post-war employment. They have confidence in the company which kept them steadily employed even through the depression. They also know that they have protection while working, by virtue of sickness and accident insurance and that a pension awaits them when their working days are over.



Huge Dominion hydraulic linoleum presses are shaping hundreds of thousands of metal aeroplane parts.

Miles of war fabrics have been proofed against water, flame, mildew, gas and arctic weather

And linoleum for naval vessels, air force schools, training establishments, munitions plants, etc.

DOMINION OILCLOTH AND LINOLEUM
COMPANY LIMITED
MONTREAL CANADA

Manufacturers of Dominion Battleship Linoleum and Marboleum

BUILDING FOR WAR • PLANNING FOR PEACE

The Nursing Situation

(Continued from page 39)

taking care of salaries. Those now being paid to nurses may seem high but only in comparison with the very low ones paid over a period of years. There does not seem to be any reason for undue alarm on account of these rising to a demoralizing level, especially as it is understood that most hospitals are experiencing favourable financial balances at the present time. True it is that money alone does not buy devotion and loyalty, but it is one of the tangible proofs of appreciation of human values which does.

The eight-hour day and six-day week has long been advocated for nurses as well as for other workers. The returns received from the survey show that in approximately one-third of the general hospitals in Canada the ninety-six-hour fortnight is already in operation. No doubt some of the shortages and faulty distribution that exist at the present time will be remedied when the extension of this policy is possible. Its approval at least in principle is a forward step. The traditions of the nursing profession are built on service; it cannot and must not be otherwise. However, it is generally recognized that they must also support sound economic and health principles, especially at this time when the health of workers is one of utmost importance to the nation.

Hospitals are very active and many of the nurses accepting responsibilities for relief are in the older age groups. This emphasizes the importance of reasonable hours of duty and other approved policies of employment.

Authorities are agreed that living and working conditions are important factors in the stabilization of nursing services. Also clearly defined policies regarding the status of nursing personnel, and appropriate recognition commensurate with the responsibilities delegated to its members are important. It is recognized that wider support of these sound policies presupposes increased financial assistance for the hospitals through further governmental and municipal support, increased rates and other sources.

One experienced Superintendent of Nurses states: "I am convinced that a better understanding of problems connected with nursing service and the school of nursing would result if written reports of both were submitted at regular meetings of the Board and if the Director of Nursing was invited to present these reports *in person* and to discuss their significance." This recommendation is in keeping with the thought that an informed audience is usually an interested and intelligent one. It is in line with sound business principles and does not suggest undue confidence in the value of *enlightened* authority.

All too often nursing problems are only recognized to be of sufficient importance to receive the attention of the Board of Directors after an impasse has been reached. Many an administrative set-up has been wrecked through lack of understanding. Too frequently, an accumulation of unsolved problems results in disaster which might have been avoided had these been removed or dealt with one by one. This is particularly true at the present time when the strain placed upon hospital and school administrators is so onerous. Even in normal times outside contacts and advice very often are essential to a well-balanced perspective.

Two of the nurses who flew over with the air ambulance "Dakota" get the gen on the fighting from two R.C.A.F. ambulance drivers who are with the R.C.A.F. fighter unit in France. Left to right: Sgt. J. Ferguson of Hamilton, Sister Mary Jilis and Sister "Fluffy" Ogilvie of Princess Mary's Nursing Service, and Sgt. Hoffer of Toronto.

Subsidiary Nursing Groups

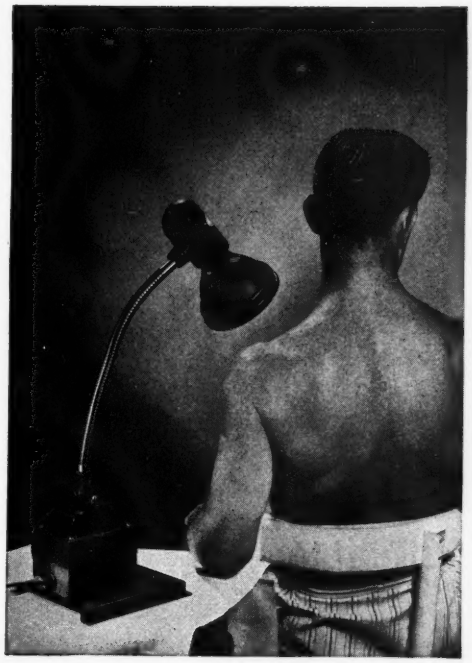
A very well-known and experienced administrator recently made the statement: "There is no satisfactory substitute for the well-trained nurse in the administration of nursing *care.*" However, she suggests that subsidiary workers on different levels may render very valuable nursing *service.* She points out that care should be taken to discriminate between these two activities.

Non-Voluntary Nursing Aides

An increase of over sixty per cent. is shown in the number of ward aides employed in hospitals and sanatoria in 1943 as compared with those listed in 1939. This does not take into account the V.A.D.'s who, since the outbreak of war, have rendered a signal service in many hospitals.

For years there has been an increasing tendency in hospitals to em-

(Continued on page 106)



THE HANOVIA INSPECTOLITE

AN AID IN DIAGNOSIS *with* FILTERED ULTRAVIOLET RAYS

Hanovia Inspectolite Model is an intensive ultraviolet high-pressure light source that has fluorescent-exciting properties —an aid in diagnosis.

Easy to handle, compact and convenient, it also features low initial and operating costs.

An important application in dermatologic diagnosis is in the detection of fungus infection of the scalp.

Fluorescent fungus infected patches and hairs can be visualized with this source often when there is no clinical evidence of tinea capitis.

Evolving and fading syphilitic maculopapular eruptions are made visible under filtered ultraviolet rays.

Eruption of many chronic dermatoses may also be better discerned with the Hanovia Inspectolite.

Cutaneous and mucous lesions which do not show definite color contrast with their background, can be seen more distinctly.

Considerable aid is provided in detecting materials which commonly cause dermatitis venenata.

HANOVIA *Chemical & Mfg. Co.* *Dept. CH-17* **NEWARK 5, N.J., U.S.A.**

The Nursing Situation

(Continued from page 102)

ploy the ward aide, or subsidiary worker, to relieve nurses of non-nursing work and to perform certain elementary duties that are important factors in the nursing service rendered to patients, but which do not call for highly skilled nursing care. These workers are being used in greater numbers in the homes also.

Last year the Canadian Nurses Association appointed a special committee to make a study of the standards of qualifications for subsidiary nursing groups and ways and means of providing for their preparation, licensing and control. The committee has made several interim reports and it is expected that a *final* one will will be released shortly.

The Canadian Nurses Association has already recommended that in each province an immediate effort be made to obtain provision for the the preparation and guidance and appropriate control of subsidiary workers; it is felt that legislation should be enacted to ensure the latter.

Other Relief Measures

The subsidiary nursing worker, voluntary and non-voluntary, is obviously one of the most important sources of relief and assistance in meeting the problems of nursing services. Other measures, not mentioned elsewhere in this report, which have been recommended by the Canadian Nurses Association include:

(1) *The simplification of administration and nursing procedures* within the margin of safety and sound adjustments, in order that nurse power may be conserved for nursing *care* and procedures which demand the skill and experience of the graduate nurse.

(2) *Restrictions of private nursing duty* to patients whose condition requires special care. Discrimination against so-called "luxury nursing" can seldom legitimately be considered a responsibility of the nurse alone. In spite of the fact that the use of private duty nurses is not infrequently described as luxury nursing by hospital authorities, calls from hospitals for private duty nurses continue to be very urgent.

(3) Some plan of *group nursing* for patients who do require special care.

(4) Greater use of nurses on *part-time duty.*

(5) The maintenance of *close co-operation* between all groups concerned with the care of the patient and community welfare. This includes superintendents, members of Boards and of the medical profession, nurses, dietitians and others, for the purpose of keeping them informed and of enlisting their support in the most effective use of nurse power available.

Causes of Fire

Because of the constant fear of fire hanging over the heads of those operating hospitals, a summary of the causes of fire for the first six months of this year, made by the Ontario Fire Marshal, will be of interest. Of 7,860 fires causing five and a half million dollars damage, 1,351 were due to careless smoking. Matches caused an additional 261 fires, short circuits and other electrical causes accounted for 434 and 16 were of incendiary origin.

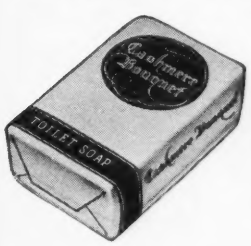
Check These 3 Reasons Why Colgate's Floating is the Ideal Hospital Soap!

Made specially for hospital use, it's unsurpassed for purity . . . for mildness . . . for economy!

The three major requirements of a soap for patient care are purity, mildness, and economy. Colgate's Floating Soap meets all three, *because in its development, hospital needs were given first consideration!*

In purity, Colgate's Floating meets the highest hospital standards. Nurses and patients agree that it is exceptionally mild and kind to the skin. And in cost, hospital superintendents find Colgate's Floating an agreeable surprise!

Let us quote you prices on the sizes and quantities you need. Ask your local C.P.P. representative for full information. Or if you prefer, write direct to Colgate-Palmolive-Peet Co., Ltd., Hospital Dept., Toronto, Canada. No obligation, of course!



For use in private pavilions, and particularly for women patients, we suggest Cashmere Bouquet. A fine, white, hard-milled soap, it is famous for its rich, creamy lather . . . its delicate, lingering perfume! Available in a variety of miniature sizes.

Palmolive is becoming increasingly popular among hospitals, both for staff use and for patient care. Canada's favorite toilet soap, it meets the highest hospital standards in purity. Palmolive, too, is available in miniature sizes.

Colgate-Palmolive-Peet Co. Ltd.

Hospital Department, Toronto 8, Canada

Ontario Red Cross Announces Building Plans for Future

The Ontario division of the Red Cross will spend $170,000 in extending the outpost hospital programme, it was announced recently. Expansion includes the erection of hospitals at Huntsville, Bancroft and Wiarton, bringing to thirty the total number of hospitals operated by the division. Added facilities at Bracebridge hospital will include a new wing, operating room and fourteen added beds.

The new hospitals will be financed in part by the division out of funds so designated and from legacies left to the division. The Provincial Department of Health and the communities in which the hospitals will be built will pay the balance of cost, Local campaigns to raise the communities' share have been inaugurated.

Huntsville will have a 26-bed hospital, and both Bancroft and Wiarton 20-bed institutions.

Meanwhile the personnel situation in many of these hospitals is very serious. It has been announced that the hospitals in Haliburton, Emo, Rainy River, Beardmore, and the present structure at Bancroft may have to close down unless the need of nursing assistance is met immediately.

WANTED — EXPERIENCED OBSTETRICAL NURSE

To act as Assistant Superintendent at Mount Hamilton Hospital, Hamilton, Ontario,—131 Obstetrical beds and Medical Wing. Applicants must be qualified to assume teaching responsibilities. Address replies to Box 428H., The Canadian Hospital, 57 Bloor St. W., Toronto 5, Ont.

QUALIFIED RECORD LIBRARIAN WANTED

for 200-bed hospital in Central Ontario. Apply stating qualifications, salary expected and date available for duty. Apply nearest Employment and Selective Service Office. Refer H.O. 1425.

OBSTETRICAL SUPERVISOR WANTED

for Cornwall General Hospital by November 1, 1944. One with Post-Graduate Course preferred. $95.00 a month—full maintenance.

Price Trends

(On basis 1926 = 100)

	Yearly Average 1943	Aug. 1943	July 1944	Aug. 1944
Building and Construction Material	121.2	121.6	127.2	127.2
Consumers' Goods (Wholesale)	97.0	97.4	97.4	97.2
(On basis 1935-1939=100)				
Cost of Living	118.4	119.2	119.0	118.9

Index of Advertisers

OCTOBER, 1944

CAPES

For Graduate and Student Nurses

THAT PROVIDE THE COMFORT AND APPEARANCE YOU DESIRE

Avialable only in standard lengths of 38 inches, measured from seam where collar is attached, to bottom of hem.

Hand-worked Gold Silk Letters supplied at 15c per letter. Position of lettering must be specified when ordering.

This well-tailored, serviceable cape is priced at **$12.00,** which figure includes sales tax and shipping charges prepaid, **conditional upon Postal, Bank or Express Money Order accompanying each requisition.**

MADE FROM BEST QUALITY NAVY BLUE FRIEZE WITH MILITARY SCARLET FLANNEL LINING.

Nurses' Capes are stocked by us in even bust measurement sizes 32 to 42.

CORBETT-COWLEY
Limited

284 ST. HELENS AVE. **TORONTO 4, ONT.**

This is the Story of George...

ABOUT THIRTY YEARS AGO in a small town in Canada, a little boy was born. His name was George. He grew up like any other Canadian . . . liking hockey and fishing, studying with moderate enthusiasm, meeting a pretty girl, and getting married.

By the time George was twenty-six, he had a comfortable job in an insurance office, he owned a small home, and he had two little girls.

It was all very nice.

But one morning, the sun failed to rise over George's home. Instead, a great black cloud rolled across the sky from the East; and written across it was the one flaming word . . . WAR!

Nobody thought of asking George to fight. He was a Canadian. The choice was up to him. George closed his eyes, then, and saw his land . . .

He saw the sun glistening on the Peace Tower in Ottawa. He saw the blue lakes of the Rockies and listened to the laughter of the Laurentian streams. He saw children at play and happy faces in the shops. He heard the rustling of maple leaves and the song "God Save the King".

And he opened his eyes . . . and went to war.

He went to London, where he learned how quiet women become brave widows. He went to Africa, where he saw brave men dry up and die in the dust. In Sicily, he saw the dust turn to mud and swallow the men who fell. And then George went to Italy — "Sunny" Italy — where little women starve and the Red Cross is a target and men march by inches in crimson snow.

Then, landing on a beach in Normandy, George learned what it is to fall in cold, wet sand and have your own blood turn it red and close your eyes.

It was then that George saw a woman's face, and two little girls, and the sun on the Peace Tower . . . and he heard the laughter of Laurentian streams and the rustle of maple leaves and the song "God Save the King".

And all that time, George never once thought it unfair that among those at home for whom he died there were some who never even backed him up by buying a Victory Bond.

Do **you** think it unfair?

Invest in Victory!

Buy VICTORY Bonds